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ABSTRACT

The proceedings of a training conference for health aides and professionals from migrant health projects and other programs in California and other states, held April 29-May 1, 1969, includes introductory notes on the objectives of the conference, and accounts of points raised in discussions on the roles, employment, training, and supervision of health aides. Topics raised by both health aides and professionals included the position of the health aide in improving communication between client and health service; the difficulties of defining the health aide position as more than a menial one; the likelihood that professionals may feel threatened by the aides' ability to communicate with clients (particularly Spanish-speaking clients); and others relevant to the effective use of aides within the health service. Post-conference evaluation, list of participants, guidelines for group discussions, program guidelines, and a selected bibliography are included. (MF)

HEALTH AIDE TRAINING CONFERENCE

Enhancing Health Services Through Auxiliary Personnel

April - May, 1969

California State Department of Public Health
U.S. Public Health Service

PROCEEDINGS

HEALTH AIDE TRAINING CONFERENCE

Enhancing Health Services To Farm Workers Through Better Use Of Auxiliary Personnel

April 29 to May 1, 1969

Francisco Torres
6850 El Colegio Rd.
Goleta, California 93017

A training conference for health aides and professionals from migrant health projects and other selected health programs in California and other states.

Sponsored By:

California State Department Of Public Health
Farm Workers Health Service
and
United States Public Health Service
Migrant Health Program

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Photographs by Harvey S. Columbus

A FEW PRELIMINARY WORDS

The initial driving force behind this conference came from the group of health aides in the Kern County California Migrant Health Project. From their concerns a request was made to the California State Farm Workers Health Project staff that a conference be planned so that health aides from various projects could get together to see what each other was doing, discuss their problems and find ways to solve them.

Accordingly, a small committee was organized to obtain ideas from aides and professionals in other health projects, and to make plans for such a conference. The original scope of the conference was enlarged to include key professional staff as well as aides. Opportunities were built into the conference to enable both aides and professionals to be by themselves and together to discuss "their own thing". Small, informal groups provided an atmosphere for individuals to share their gripes and to express as many constructive suggestions and ideas as possible. The topics for discussion covered a broad variety of problems related to the use of auxiliary personnel in rural health projects.

These proceedings contain the sum total of complaints, ideas and feelings of the participants as noted by the recorders in each group. Comments are just as they were recorded with the exception of minor editing. The comments have been classified according to subject headings and some duplication has been eliminated.

It is hoped that the material in these proceedings will serve as a resource for anyone who desires to enhance the delivery of health services in a community through the use of health aides.

Wilbur Hoff
Conference Coordinator and
Health Education Consultant,
Farm Workers Health Service

OBJECTIVES OF THE CONFERENCE

1. To enable participants tc gain a better understanding about the various roles and functions of health aides in migrant and other health programs and how such personnel can improve the delivery of health services to rural population groups.

2. To identify and propose methods for training for more effective use of health aides.

3. To identify basic requirements for supervision of aides and suggest techniques for providing this guidance.

4. To discuss administrative problems such as justifying positions, providing employment benefits and evaluating performance and propose methods for solving these.

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Conference Schedule

Tuesday - April 29

From 3:00 PM		Registration-North Tower Desk
5:30 to 6:30 PM		Dinner - Dining Commons
7:30 -		Social get acquainted - North Tower Recreation Room

Wednesday - April 30

7:30 to 8:30 AM	Breakfast	Dining Commons
9:00	Welcome and Introduction	- Room #4 Wilbur Hoff, Health Education Consultant, California State Farm Workers Health Service Georgia Lopez, Community Health Aide, Kern County Health Dept. Mike Armendariz, Community Health Aide, Santa Barbara County Health Dept.
	Keynote Address	Faustina Solis, Coordinator, California State Farm Workers Health Service
9:45	Small discussion groups	- Suites #18-36 Aides and professionals meet separately to discuss roles and functions of health aides
10:45	Coffee	- Room #4
11:00	Reports and discussion by health aides	- Room #4 Aides and professionals meet together
12:00	Lunch	Dining Commons
1:30	Small discussion groups	- Suites #18-36 Aides and professionals meet separately on assigned topics
3:15	Coffee	North Tower Patio

3:30	Health Aides reconvene for discussion	- Room #4
	Professionals continue discussion in small groups.	
6:00	Buffet Dinner	Tower Room
7:30	As you choose: Special Discussion Groups (To be arranged) "The Forgotten Families" - new migrant health film.	
	Free Time	

Thursday - May 1

7:30 to 8:30 AM	Breakfast:	Dining Commons
9:30	"Use and Misuse of Aides"	- Room #4
	Case problems role played by aides and professionals	
	General discussion	
10:30	Coffee	North Tower Patio
11:00	"Using Aides in Health Program-Problems and Solutions"	- Suites #18-36
	Small group clinics with aides and professionals discussing together selected topics and problems	
12:00	Lunch	Dining Commons
1:30	Continuation of clinic sessions	- Suites #18-36
2:30	"The Potential of Aides in Comprehensive Health"	
	Panel with Discussion - Wilbur Hoff, Moderator The Consumer's Point of View - The Aide's Point of View - The Professional's Point of View -	
4:00	Summary and Adjourn	

OPENING REMARKS

On behalf of the Farm Workers Health Service, I would like to extend a very cordial welcome to all of you who will be participating in this special conference. Although we have had previous statewide conferences for aides, as well as a conference last year for professionals working with aides, this is the first session to which we have invited both groups. This has been planned with a very definite purpose in mind. As we have reviewed projects throughout the state, both local project and state staff have felt an urgency for assessing programs that utilize aides, in light of what this additional personnel contributes to the general health services provided.

In 1964, the migrant health projects, although not the first to have used the concept of auxiliary personnel in this country, began to demonstrate how to use health aides. In California, health aides were employed to assume a distinct role as a member of the health team. Subsequently, through the past six years, various projects have employed aides in their programs of Maternal and Child Health, Family Planning, Nutrition, Health Education and Environmental Health. Initially, the concept of using individuals who did not have technical training by a certificate or degree was a concept which was received in various ways with enthusiasm, apprehension, indifference, curiosity, and sometimes total rejection. Nonetheless, aides or assistants in personal and environmental health care programs have increased in numbers. By their very special activities, they have become visible members of the health team and have significantly extended quality of health care.

There are still, however, many problems which continue to persist, such as:

1. The reluctance of professional staff to accept the concept of additional or new careers in health.

2. The employment of health aides primarily on the basis of securing a source of additional manpower at a lower cost.

3. Most aides are hired under employment conditions which provide no full-time status of employment or employee benefits which other personnel enjoy.

4. Lack of adequate orientation and training programs for both aides and professionals.

5. Failure to develop in the program incentives for aides to work towards other levels of job attainment.

6. Under utilization of aides due to the inability of professional staff to assess and modify their activities and functions.

All too often, the inclusion of aides in grant proposals is done so on the basis of the project's guidelines requirements, or that the employment of aides will instantly mean more and better services.

We may ask ourselves in what way has the delivery of services been modified throughout the agency in order to incorporate the special skills that can be developed in the aide? And to what degree has the additional personnel insured a greater awareness and understanding of the population from the standpoint of the professional?

We on the state level may have insisted too strongly on the employment of aides without carefully assessing the readiness of the agency to accept the concept of the aide. In the future, however, our efforts will be to assist local projects in their desire to employ aides, or to maintain them as part of their health personnel. Several conditions will be included, such as specific orientation and training sessions for both professionals and aides, employment conditions which will be in keeping with the general employment scheme of the agency, and the establishment of a basic curriculum which should apply to all auxiliary personnel employed in health agencies, where these activities relate specifically to working with individuals, families and the community at large.

If I seem to be emphasizing the problem areas of health career development relating to aides, it is because this is the basic charge of the conference in its efforts to review the directions of our local programs. Professionals here can more vividly discuss the strides and the special contributions which the aide makes in the provision of services.

We have come together because, as I stated earlier, there is an urgency to look at this total relationship of the aide and the professional. It is incumbent on everyone of us that if in truth we have a commitment to this concept, these two groups of health workers cannot be separated, but in fact must be a partnership in providing better health care.

Faustina Solis, Coordinator
Farm Workers Health Service
California State Department Of
Public Health

I. Roles of Health Aides

The first morning of the conference, after the keynote address, the participants broke up into small groups to discuss the roles and functions of health aides.

The aides and professionals met in separate groups. This was the desire of the aides who planned the conference. The aides decided they would like to meet by themselves to have an opportunity to describe what each was doing and to discuss the problems they were having.

Three different Guidelines were prepared for the group discussions. These are shown in APPENDIX B. The first one on Roles of Health Aides was used for the first morning sessions. Discussion questions covered what aides are doing now, what they can do, what they should not be allowed to do and what role they can play as an advocate or organizer of the community.

The following section contains comments made by aides and professionals in the first group sessions.

A. Health aides reported they were performing the following tasks and activities:

Make announcements on the Mexican radio station.

Staff child health conferences and family planning clinics.

Fill out forms.

Help patients get ready for doctor.

Give demonstrations such as how to prepare commodities.

Interpret for professionals, (such as for doctors, nurses, welfare workers and from many other organizations).

Make home visits with PHN's and sanitarian.

Follow up on immunizations and other medical problems on their own and report to the PHN.

Giving and reading TB test.

Providing transportation for community services, (such as grocery shopping).

Take temperature and blood pressure.

Counseling with patients.

Reviewing appointments.

(Maintain) cabin as show place - same as ones where migrants live. Show them how to keep it clean.

Assist with medical self-help class every week.

Communicate with families.

Provide emotional and social help to the family.

Make referrals to different agencies in community.

Aide in the hospital.

Take family histories.

Show films in educational programs.

Provide information on services given by other agencies.

Work in cancer control clinics.

Men aides - reach the man in clinics and make referrals to doctors and other agencies. Work with home conditions, VD follow-up and sanitation.

B. Professionals reported that health aides were performing the following activities:

Aides, in some instances, seem to be recognized and employed as errand runners and cheap labor.

Health aides are used in different areas such as,

In hospital assisting patient in learning to use elevator, telephone, finding clinic and pharmacy, etc;

Be available to M.D.'s offices and be on call to interpret;

Providing continuity of health services by (employing) a health aide from migrant stream or by having a mobile health service to travel with migrant stream.

Role of the aide varies from project to project. Agencies need to become more problem-centered rather than agency centered in focus. New problems may lead to a reorganization of professional roles.

C. Aides reported the following complaints, comments and suggestions:

All of us are hired on part time.

We feel we are hired to do certain jobs and before we realize it, we are involved in all health problems.

We like our jobs.

We feel we are doing something beneficial but our salaries are for the birds.

None of the aides in our group get benefits.

Discrimination and (lack of) acceptance by professional are problems.)

We do almost as much as professionals in aide positions with the difference in (low) salary.

We do not have job descriptions.

Feeling of being only a translator and maid.

Nurses are threatened by our ability to communicate.

Some see aide positions as stepping stone in New Careers. Others see this as a waste. One should get on with their education.

Lack of aide responsibility.

(We are) looked upon as non-thinking stupid individuals.

We feel we cannot communicate with professionals.

(We should) not be sent out unless well informed.

We cannot compare ourselves with the professionals.

Most aides have the understanding and sense of feeling but not the education to supervise.

Wide variety of who pays the aide. Some aren't even affiliated with the health department.

An aide can perform activities in any program area with proper training and supervision.

Statewide standards for aides should be described.

(We are considered to be very valuable to community; if (it were) not for us - people would not know about services. (They) have more trust in aide than in professional.

(We need more) freedom and power.

We should be able to make our own decisions, asking professional first; this depends on ability and training of aide.

Aides feel professionals resent them because of their lack of educational background. Supervisors suppress aides.

Aides should be employed in generalized positions.

We have not been given the opportunity to express our own ability to perform to our capability.

Aides should not be allowed to give medical information unless approval is given by a professional; aide could also dispense medication, deliver pills or medicine upon approval of professional.

Aides should be allowed more participation in staff decisions and meetings.

Develop a better line of communication between the people, (community) aides, and professionals.

Professionals should come down to the grass roots level by getting involved with cultural celebrations and feasts to develop a better line of communication and understanding between all people.

Aides shouldn't do Social Work! Aides can and should extend themselves into several areas but under close and proper supervision. She is a frontline person and must, therefore, be a generalized specialist who, however, knows her limits.

D. Professionals reported the following complaints, comments and suggestions:

Group took up point of dual or multiple loyalties forced upon the aides in many projects. Aides move from function to function, often with little advance notice and it is often not clearly defined to whom or which one of the many bosses loyalty or responsibility is due. Mrs._____ of Kansas also pointed to problems of situation where bosses are changed continuously such as OEO in Kansas. Aide owes loyalty to a new boss all the time. Mrs._____ cited example of two camps, (population each, 15,000) in Kansas that at their opening were descended upon by scores of health workers of one kind or

another (9 Vista girls, 25 OEO, 6 Catholic diocese, 2 medical students, etc.) with camp PHN in a desperate situation of how to handle these various people, whom they were responsible to, what they were supposed to do, etc. A nurse from Santa Barbara posed the question of definition of legal responsibility for work of aide done under her. In hospital setting, this is well defined.....Other question, "Is it always good for aide to be indigenous?"

Group seemed to agree with _____suggestion that activities of aides should be better defined and aide should know at least two weeks in advance her assignment; set up "books of activities" to which aide will be assigned. The problem of OEO Kansas camp situation indicates a lack of coordination between agencies and the establishment of a liaison person. Problem was deferred for discussion in "Special Discussion."

Nurses have been able to reach many in the past and it should not be made to seem that they are not able to reach anybody. It should be made clear that nurses are able to reach some and aides have their special skills to reach others and the two should work together. The special problem was discussed here that it is not always good to be from the people's own background, (indigenous).

Often families find it disturbing that the aide who is also their neighbor should know about some of their problems. In neutral areas such as immunizations, this problem did not exist, but in more intimate areas it did arise.

Mrs._____from California, discussed training program, especially for family planning that nurses and aide went through together in San Joaquin. Mrs._____described the home health aide course she is teaching aides now, (using the Red Cross book.) Solano has problems of not being able to keep aides all year-round and question was posed whether this was good or bad. Some thought it was good because instead of aides becoming part of the establishment they would remain closer to the population they were meant to serve. Mrs._____and others said that too much time would be spent in training under such a system. Nurses from different projects compared what aides were allowed to do in their respective projects. There were great differences and this comparing of notes was interesting and probably useful.

Are aides primarily liaison between migrant and health services? Do professionals listen to aides? Does the aide's function center around bilingual ability? Should health aide be redefined? What criteria for job specification are needed? What happens with aides when a problem area is discovered and there is no solution? Who goes back to population group to explain this lack?

There is some confusion between the terms "Home Health Aide," "Health Aide," and "Community Health Aide."

Professional needs to look at self.

The administration may not be in accord with aide program. Perhaps there is a need to demonstrate usefulness of aide upward through service.

Consensus was that individual differences not only in personnel but also in agency projects and objectives need to be recognized.

Question: "Are aides a source of cheap labor?" Reply: "Not if upward mobility is available, i.e., training, education."

Statement: "At <u>state level</u> some system should be set up to allow upward mobility in the Farm Workers Health Service."

The emphasis must be equal between medical delivery systems and the aide and his/her career.

The aide's job is a "bridge" between professional and patient.

Programs with aides have established the fact that aides and the jobs they do are clearly of a definite value.

It is not an issue that the aides are doing a good job. They are capable and are functioning.

There is a professional hang up with migrant health aides:

Treading in professional area.

Jealousy of non professional. Able to accomplish what professional cannot do.

Legal responsibility - licensing of health aides so that professional is not legally responsible.

Use entire family in dealing with migrant, e.g., consumer buying and other priorities for health care.

Aides should be able to work with other agencies.

Role of aide must be <u>meaningful</u>. Need for career development, job security, fringe benefits, training and continuing education for aides.

Migrant health projects have probably done most in developing horizontal (teamwork) relationships in health agencies.

Poorly prepaid professional feels thwarted by the aide - older professionals on their way out feel threatened by the aide.

Professionals have a problem in identifying the limitations of the role, i.e., in identifying the traits which make the community health aide a success in the role of assisting people.

There isn't an agreement regarding the scope and limitations of the responsibilities of a community health aide.

There isn't an agreement on ratio of community health aide to professionals.

Limitations of the functions of the community health aide must be within the scope of the local and state legal codes.

Should aides be allowed to go beyond traditional limits of public health jurisdiction. Most people felt inhibitions - fear of losing confidence or support of establishment.

Group leader suggested you can't get anywhere without trying something different sometime.

Jurisdiction of aides and professionals and agencies. Some fears were revealed among discussion members about overstepping boundaries. Much overlapping of responsibilities exists even between public agencies. "I would be scared to tell a farm worker about his rights, especially if I'm not sure they can be enforced, or my boss would get mad." There was an expression of ignorance concerning rights of farm workers!

Health aides or other projects or private agencies should have linkage with the health department.

The recipients should be taught to care for themselves - to participate in planning and programming.

Linkage with other agencies - need to work as team - involvement of all to express opinions.

II. Employment of Health Aides

After discussing what aides were doing in various health projects and programs, the participants focused on specific aspects of using aides. The first aspect was the employment of health aides and the issues and problems connected with this subject. This section contains comments made by aides and professionals in group sessions who discussed the employment and administration of health aides.

A. How can aide positions be established in the agency?

When the need is shown - by evaluating the easiest method of reaching the migrant and how to give him care most efficiently.

Once the need is shown, how best are these positions filled or started? It is less difficult to write in a new position if it is a new project.

Old establishments are less flexible to new thoughts.

Through PTA Association, minority groups, returning migrants.

Agency needs to request an aide position. If they do not want an aide, how can there be any communication between agency and community?

Agency should determine whether they want aides in specific programs, versus developing "generalists", especially for rural areas.

Agency should find out the health needs of community.

How can we work with and convince the political power structure as to the need for and value of aides? How much risk are we professionals willing to take with regard to aides and how much threat can we stand in relation to our traditional roles?

Agency should define job differences to prevent intra-agency jealousy, e.g., clerks have to be qualified on certain standards and resent aides making more money than they do, e.g., explain that the aides work on weekends, odd hours, must travel in inclement weather. They have other skills which have value to the agency, e.g., speak Spanish.

Train aides who travel with the "stream of migrants" - i.e., PHS - build and develop the aide position into a specific profession.

Encourage and stimulate voluntary health agencies to work with migrant groups, e.g., Home Safety Program done by Red Cross in labor camps.

Use neighborhood youth corps people as aides when positions may not be budgeted. This can serve as demonstration to health officer, supervisors and other staff. They will then learn to use aides and will begin to ask for these positions on budgets.

Set up community action council that will establish the needs of the community.

Fund by agency or state.

Show a need for aides by means of a survey or requests from people who need help.

Aides should be allowed more voice in policy making; create opportunities for advancement.

All boards of supervisors should establish a definite classification for health aide. Establish continuity of health care for migrants by criteria being set down by state.

Establish some sort of official recognition "License" (status) concerned with not what aide can do, but what aide's position is.

This is an issue not to be solved at one level but must be attacked at all levels of officialdom.

Need to know where the power structure of the community is and to make contacts in order to be effective and gain support.

Aides feel insecure (even more so than professionals) about their jobs. Funding through grants is very insecure basis for projects. This is regardless of a Civil Service classification standing. Aides would like to know at the beginning what would happen if the project folds - where in the community they can fit!

Need should be established before aide is hired. They should understand how they will function to fulfill the program's objectives.

Keep job descriptions as flexible as you can.

Make continuous review and reassessment of original plan "ongoing". Job classification should be written into original plan.

Get rid of the term aide. Consider changing the name of aide to technician, consultant, assistant. Let the aide help decide the "label". This may raise the status.

Aides can and should be able to review, and if necessary, revise the design and scope of their job. People should use their special skills. Flexibility is the word.

Planning - before looking at tasks and kind of activities aides can do. Involvement of professional persons is extremely critical.

Aides and professionals must plan program goals, work out program changes, and activities. Aides must be part of decision making. Knowledge of community responses is part of the important knowledge aide brings to program.

Agencies who have not used aides could invite other agencies who have had the experience and bring them to the agency and let them show what can be accomplished. A practical impression would help.

Consumer control over the health aide program.

Recommendations should be made to U.S. Department of Health, Education & Welfare.

B. <u>What arguments and data can be used to justify positions</u>?

Nurses should realize that the aide is not a threat to their position, but a helping hand to perform their duties more effectively and efficiently. We feel that the aide is to the nurse what the nurse is to the M.D.

Convince the administration that aides are needed.

The services offered by aide to the community.

Since the aide is not so closely associated with the health department, he is useful to the community.

The health officers often need encouragement and demonstrations of how aides have increased and improved services of the department. The Board of Supervisors, the County Administrative Officer, personnel officers, and legislators, need to understand the use and needs for aides. Their acknowledgment of their value would help in opening new jobs in the Civil Service system. Permanent aide positions must be set up allowing continuous programs to be carried out and to give the aides a sense of productivity and meaning to their life.

The evening situation in the Mexican-American home is a totally different picture than when the PHN visits the home in the afternoon when the mother is home with just three children. A visit to the working field should be viewed by the professional as a means to get a better insight to the type of work and how it is done. The professionals in our group felt that this was an impossibility; was too time consuming, and although they felt it would be most interesting, they would still not care to do it.

A basic premise in Public Health is that we, the professionals, are to help people understand and accept the fact that each person is responsible to maintain his health and that of his family. The basic way to convert this philosophical premise into a practical, viable process is to utilize persons from the "receiver" group of health services in the provision of those services. The health aide is such a person who, after appropriate training, can assist in finding the people's needs, define barriers to action and gaps in the system and once the services are available, can help bring that population into medical care.

It is more economically sound to employ people and have them become contributing members of society than it is to keep them on welfare rolls and perpetuate this cycle of poverty and inadequacy.

We are not producing physicians, psychiatrists, nutritionists, nurses, sanitarians, health educators and dentists fast enough to keep up with the expanding population and their resultant problems. Health aides can help increase the efficiency of those few professionals now available, e.g., a doctor working alone can handle 2-3 patients per hour, with a trained aide assisting, he can see 6-7 patients per hour.

Use of aides, doing less skilled sanitation and nursing activities can release the professional, allowing them to make better use of their abilities. In other words, this process moves everyone up to new and more demanding work levels and the taxpayer gets more productive man hours for his dollar, e.g., the aide can weigh babies, do eye and ear testing, illustrate formula preparation, and teach family planning, freeing the nurse to concentrate on more decision making problems.

Utilization of aides gives them status, income and dignity. It serves as an example to others in their situation. It may help prevent another Watts.

We must keep in mind our goals. We must help people to become independent. We must work towards the time when special migrant funds are not available.

By success of the programs established by the pilot program and survey.

The feeling of the poor people who cannot afford a pay hospital and have a tendency to stay away from county hospitals due to pride of accepting welfare, can be helped by aides' efforts to explain services offered them.

How to obtain job security:

1. Document position with qualifications and expectations.
2. Plan for change from soft-hard money-permanent jobs.
3. Submit fringe benefits in budget and projects.
4. Learn where to go to pressure - different in each location.
5. In planning stage - use as educational process for those in authority.

Keep aides aware of conditions of employment. Involve in policies and proposed changes.

Job description is necessary - what is expected of aides must be decided - the position must be justified.

Comprehensive health planning will require measurable objectives for the use of community health aides. The role of the community health aides should be well established and made an integral part of the public health team.

Spell out further specific goals to be accomplished in a program and then fit in and spell out aide position which makes sense in terms of accomplishing goals.

Restructure the entire health program to incorporate the health aide as an integral part.

Determine needs in community for health service. As we find problems, we call on total personnel resources including health aides to solve these problems.

C. <u>What employment benefits should be provided</u>?

Social Security, health insurance, retirement plan.

Use of a car for transportation, travel allowance, vacation with pay, sick leave, compensatory time.

Uniforms for aides and professionals.

Aide positions should be year-round.

Authorized emergency leave. Be paid on time.

Full time employment. Better pay scale.

Day care should be provided for children of trainees and other employees.

There must be recognition of the differences in salary scales to reduce competitive feelings, competition between aides' jobs, i.e., health aide versus clerical aide.

Determine a way to measure the skill an aide must have so they can be paid for this skill.

Chances for advancement in salary and grade levels of employment must be considered.

All felt they would like their employment full time, with fair salary scales and employee benefits when possible. It was the feeling of the group that it would be difficult to give "new recruits" the same benefits that other established agency staff members received. They also felt this would be a fair deserved practice. More benefits would be given with additional training.

D. Why are so few male aides employed?

This type of job is not as attractive to a man due to low salary; a man cannot work part time and properly support a family unless they have another income.

Majority of people who receive clinic care and health department benefits are women.....they feel insecure and embarrassed in speaking with male aides.

Male aides are usually available only on arranged hours to interview husbands.

Poor salary - field of public health predominated by women. Lack of advancement.

If he is employed at piece work, he will lose money if he has to stop for any length of time to be interviewed.

It is thought that female aides relate more readily to the family because they have a better insight to the problems

of children, home environment, and problems of the mother that she would face during a daily routine.

The male may be more hesitant to take a position as an aide because of his Mexican culture. Manliness is extremely important to the Mexican male.

A suggestion was made that perhaps the male aide should have a different title than the female aide. Perhaps he could be called something other than what the female aide is called, but of course, his job function could be quite the same. This would give him the cover that he would need and we would be able to get the help from the Mexican male more readily.

What does the health department have to offer the male population?

More male aides are needed.

E. <u>What are the minimum requirements for recruiting and selecting aides? What kinds of people should be selected</u>?

Maintain flexibility in recruitment endeavors.

One group decided it was of no importance to have formal education for background.

Often found that the most successful aides often did not have a formal education. Many only had fourth or fifth grade schooling.

A certain length of time should be given new aides before they can adjust to the rules of the establishment.

Although no definite agreement was reached, it was felt that most professionals should use their own judgment in allowing a period of adjustment. Guidelines are set and should eventually be followed. If guidelines are such that they are difficult to adhere to, then they should be changed.

A standard type of selection, training and supervision, in a given agency should be used for clearer lines of communication so that the job - serving the people - is done to a full extent. We have many areas of feelings involved concerning our own experiences with aides. In supervision it was difficult to evaluate due to lack of standard in agency.

When selecting aides, it is very important to look for someone who does not want to disassociate himself from his migrant heritage.

A person who has the ability to learn and to follow directions; not necessarily be graduated from high school and/or college, and be capable of understanding. Should be able to read and write the English language, preferably bilingual.

A mature person and must have a feeling for his work, maintain a good reputation in community; must enjoy working with people. Should be concerned with their jobs and really move to help as soon as possible; have ability to counsel families in many aspects such as consumer education.

Valid driver's license; to be able to work with farm groups; someone from the community he is serving; have a car; know the background and culture of the people to be served; be able to relate to the problems of the people in the area.

Interview individual to try and determine if they will be suitable for community health aides. Try and determine whether the individual has the motivation for the proper programs.

Agency should define basic qualifications required for employment in terms of human skills instead of formal education.

Pre-employment physical should be provided.

Includes aides' ability to work with other agencies.

Person a part of community.

Ability to understand problems of migrants.

Ability to know the problems connected with types of field crops.

Reexamine professional role-PHN-by PHN
Accepting aide's reluctancy-communication between aide and professional.

How do you evaluate initially and ongoing?

Trust aide, give more and more expanded roles and duties.

Set standard to select aides. Set requirement levels to certain abilities. At least 8th grade to be able to read and write both languages.

There should be no arbitrary set rule or policy for education when getting your job. High school diploma as an example should not be a requirement in hiring an aide.

Knowledge of and acceptance in community should be one facet in selection of aides. Knowledge of resources is important.

Recruitment tests and interviews should be designed to fit community needs. The community and people receiving the services should be involved in early planning. All social services and community organizations should advertise open aide positions.

All workers with other ethnic groups should have full command of the language of that particular group.

Disqualifications should only relate to ability of aide to function on that job. Citizenship, residence, even education may not be appropriate restrictions.

Health problems which are correctable should not disqualify an applicant - care and treatment should be provided to correct the condition. This is particularly important if recruiting from a high risk population.

Health aides can help in planning programs and in selecting staff; let professional staff assist in selection of aides.

Recruitment - job must be made competitive with other employment in the community.

Hiring and recruiting should be flexible; (aides, communities and professionals).

Native ability; local recruiting.

Many methods such as advertising in papers, signs in prominent places, word of mouth, etc., could be used for recruiting, followed by screening for such things as character traits, dependability, trust worthiness, ability to use good judgment, etc. However, one best method of recruitment it was felt, was for the nurse and aide to "look for" possible new recruits while making home visits. It was felt the new aides should be of the character to be flexible in adjustment to job and accept "supervision". Persons with arrest records should be judged according to individual cases and allowed to qualify if it is felt he could prove to himself and others that he could amount to something and has something to offer. Perhaps these people should be given a probational opportunity.

Also, there was a difference of opinion regarding educational background. Some felt very strongly the recruits should have a high school education at least - others felt it could

and should be less, but it was generally agreed they should have at least 8th grade education.

Age was not felt to be too important as long as person is mature. Someone who is respected and warm, interested in people and community was felt to be more important.

It is difficult for single women aides to work with older women because they don't feel they have had any experience of having children, how to handle them, etc. It was stongly felt it would be desirable to have married women as aides.

Department of Rehabilitation and volunteers in well baby clinics, were suggested as other ways to become aware of potential aides. "Curandera" or someone she recommends might also be good aides because people are used to going to her. It is very necessary to have this person on your side because this is the only form of medical care and advice people have known all of their lives.

III. Training Of Health Aides

Considerable discussion was spent on the issues of training health aides. The following comments were made regarding this subject:

A. Have aides been adequately trained?

Yes - but more training is needed for the aides in the particular jobs they are doing.

It depends on the type of aide and what her needs are for knowing her work in her own community.

No specific yes or no. Aide is continually learning though some basic adequate training is needed, fundamentals, etc.

Aides have not been adequately trained. Continuing in-service training should go on. Training in beginning should be at least 10 weeks and then go on after that.

Aides have become a very important part of all agencies and if properly trained can be the greatest help to the professional. However, most professionals should have some training so that they do not resent or curtail activities that can be most beneficial to them.

B. What training should be provided aides? What areas should be covered; how long should it be, etc?

Medical information to translate terms that the aide comes in contact with.

Need to know and understand the culture of the people they work with.

As much information on the different aspects of job she'll be using--different agencies.

At least 160 hours training time should be given to the aides.

A training program for health aides should be three fold: curative, preventive, educational.

Basic health training should be at least one month, with training continually going on. Training about communicable disease (for the aides' protection) when visiting patients.

Learning about the department and its staff; medical terminology; session on human relations; training on how to approach the hard to reach; personal hygiene, training on

confidentiality: The agencies should provide the training.

Basic training program for aides should be 200 hours.

Self development for workers and aides with social worker.

Do consumer education with the aides so they can help people do more with their money. Home demonstrations to help people learn to cook, cut meat, wash dishes, use a telephone, prevent accidents, driver education, etc.

Nutrition is considered a necessary essential part of program.

A well-rounded training program covering all phases of community health for aides. Perhaps in large departments this could be on a continuous basis. Some discussion in adult education program with PHN and sanitarian teaching in their field.

Provide incentives for aides and professionals to continue studies to improve themself and do a better job.

Some people are satisfied with present levels of training. Overtraining could make some people unhappy as undertraining.

Most of aides would like to get high school diploma but this is no time to go. Most are housewives and have children and they have no time to go at night. On the job training would enable them to get better placement in society.

Should have standardized training in basics for aides.

Basic training leading to certification.

Ongoing in-service training relating to specific situation.

Interviewing and translating is a skill which needs lots of training - there is a need for mutual trust and respect between aide and professional. For example, even if aide only uses a few words to express something it took the professional much longer to express - professional should not criticize aide; rather, he should be confident that aide will say as much or as little as necessary to get desired meaning across.

Although we recognize the need for provision of opportunity for career development, we must not overlook the need for good sound training at the horizontal level; through well planned continuing inservice programs.

A task force from this conference should be formed to explore the possibility of establishing a uniform training program and job description for health workers in California leading to certification.

In planning to use aides, after their need has been established, there should be a graduated training program which would allow them to provide as many services as they legally could, under supervision. A program is needed which would be an incentive for them to progress in their training and education and would allow them to become a working part of the team effort with the nurse, doctor and patient.

All felt a basic core, on-the-job training program would be wonderful.

Broad training is believed essential by some - others felt special training for specific tasks taken in each step may result in more realistic function for aides.

Aide training programs should provide recognized certificates or awards to participants to enable them to secure similar jobs in other geographical areas.

Set goals for what you want the aides to do, then develop the training to meet these goals.

C. <u>How can this training be provided, i.e., who should give it, where? etc.</u>

With trained supervisors to work with the aides and to plan with aides and superior.

Ongoing continuous supervision and orientation during actual work.

While having orientation, before actual work, and by qualified person within the department.

By health education, social worker, field worker and other agency personnel.

Junior College, job training.

Visual aides with descriptions; field training.

By supervisor, arranging who, where, when, what, and how after learning from aide what their needs are.

Continued training program to keep up to date; all areas which pertain to the aide in her or his job.

Through local agencies; professional people in a given field; local areas, on-the-spot training in the field; in the school.

Agencies should provide training, professional personnel should give training (such as social worker, health educator) should be done in the community - or within commuting distance.

Field trips to acquaint aides with programs with nurses and sanitarians. Participate in clinics.

Need stipends for career advances, i.e., LVN's - A.A. Investigate resources, Department of Education, nursing divisions, H.E. W.

In-service training in department of sanitation, nursing program and other programs in the department.

Teach at the level and speed of the aides so they may absorb all they possibly can.

Training must be ongoing for the aides as well as professional staff. Should be on the job and in more formal workshop sessions.

Aides should take part in decision as to what is covered.

Training should be continuous because with more experience one needs more knowledges and skills.

Some type of diploma or certificate should be given to prove aide is qualified to do the job.

Extra training in a formal setting can take the auxiliary worker away from her job and others have this burden.

Work assignments must be studied so that the education and work could be structured into the general program without tensions, resentment, not only among the aides but on the professional level and everyone is involved in this training process.

Agencies and colleges should have some level of common ground so that when a person wishes to advance academically he could fit into one of the college programs. The agency seeing this need can provide time off for this so the aide could advance if he has the interest and ambition.

Part time formal training and remainder on the job in your own agency.

The staff must be oriented to the training and they should be involved at the beginning in the planning stage.

Academic setting for training - possible extension of college in area.

Initiate aide program in established educational institutions to obtain a junior college credential. Until college program is begun, standard guidelines for aide training should be initiated.

Educational training should be allowed for in budget and time.

Training never stops and there are many steps that an aide can progress through.

Need for statewide standard training program for all health team members.

Our educational system should be revamped so that we can step from a lesser position to a greater one without loss of credit or time.

On the job training - use films - slides - charts; role playing, pamphlets. Informal setting, visual aides, role playing, keep lecturing to a minimum; use repeat and recall, group participation and discussion; ask for their problems instead of using your own; pictoral type demonstrations, (example, microscopes) can be extremely helpful and useful.

Role playing; getting along with people; work with staff; training in interpreting.

D. <u>What training should professional staff be given</u>?

Professional staff should be oriented in the responsibility they will have in supervising aides.

What the role of the aide is, who and what the aide is.

Supervisory and managerial training.

Professionals and supervisors should be oriented through training sessions to aide programs.

In-service training on guidelines for professionals who are responsible for training aides.

Orientation for professionals should include classes in minority histories and communication between professional and non-professional.

Include student nurses in training and orientation to aide program. This was broadened to include all staff.

All professionals (and aides too) need to have instruction and training in the Mexican culture and especially folk medicine. Aides said they were often surprised to learn new things about their own culture.

Need for training supervisors on how to supervise aides effectively.

It was agreed that all levels of workers from administration on down would have to undergo a period of training, self-examination and orientation. And further, it was felt that nurses and supervisors who did not have a feeling for this sort of training should not be put in positions where they would be training pre-professionals.

The professional should have more training in the culture of the migrant. Field visits were suggested for the M.D. More time should be spent in the camps or home environments for the PHN so that they may better understand the total problem on an hourly basis.

E. <u>How can professional staff be prepared to understand, accept and use aides</u>?

Staff meetings for professionals and aides - give more responsibilities and recognition, individual evaluation.

By having cultural intraining on aide and learning we're to help them learn what our roles are.

Basically, both are working for the same goal; if professional would accept the information of aide and put it with their knowledge, the goals can be accomplished.

Some greater efforts must be made to improve the relationships; communications, (trusts) between the community health aide and the professional. (PHN, Environmental Sanitarian, Nutritionist).

Techniques should be developed to overcome fear and distance between aides and professionals and the clash of cultures. To develop understanding and trust.

Administration should sit in on training sessions, should have contact and communication with aides.

Need training for professionals to help accept aides. It is harder to teach them. Change hurts. (Professionals??)

Professional needs to learn to use aide's knowledge of what will be acceptable to people and what is not, e.g., can't tell woman that her baby is dirty without insulting her.

More informal meetings should be held to remove barriers between the professionals and the aides.

IV. Supervision of Health Aides

The last subject area for discussion was supervision of health aides. The comments made by aides and professionals on this subject are listed here.

A. What are the problems in supervising aides?

A tendency to talk over their head.

Inadequate training of supervisors, and supervisors do not have guidelines as to exactly what their supervisory duties are.

The person dealing directly with aides is not always their supervisor.

Lack of understanding. To be asked instead of told. The supervisors should show a little more respect to aides.

Who does it, as the aide works with several people. Thus supervision and guidance is not standard or fair to either aide or professional.

Too many bosses. We are expected to do some work for which we are not fully trained. Difficult to convince entire staff of usefulness and contribution of aides.

Some aides feel restricted. She wants to feel more entrusted with responsibility. Some supervisors are not as accessible as they should be, for example, when an aide wants to lecture but isn't allowed to.

To use them in jobs other than what they are trained for.

B. What kind of guidance and supervision should be given?

The supervisor must provide the aide with one person to whom that aide can relate for the sake of his stability, to maintain continuity and to keep job assignments clarified. Having no boss, (or worse yet, several bosses) constitutes a bad work situation.

Planning together as a team. One direct supervisor or one person to be able to go to if you have a problem.

Better definition of duties.

Individual guidance. Supervisors that have the interest of each in heart.

Have senior aides work with the aides for the area they are serving.

One supervisor should be responsible. (Too many "chiefs"--not enough Indians).

Aide should be supervised by a highly responsible person who understands her aide and program.

Define to whom aide is responsible.

Need face-to-face contact--meet together frequently.

Representation of aides at staff meetings.

Supervisors should have philosophy that, "people should be helped to grow and develop. Avoid the autocrat. Should also be able to counsel the worker on non-job-related problems."

All the aides present felt that they "needed and would be lost" without their supervisors. They wondered about the feeling of the professional in case a basic core training program was established. Knowing how much they had put "of themselves" into their present work, they could understand how their nurses and supervisors would feel if they assumed to "take over" their duties.

The professional and the aide must not be physically separated--administration must make it possible for the aides to work effectively with the professional.

Weekly health team conference which includes administration down to aides. (Somewhat along lines of hospital team nursing).

Regular staff meetings--supervisor should be available at all times for guidance and supervision.

C. How should the performance of aides be evaluated?

It is difficult to evaluate performance of aides due to lack of standard in agency.

By weekly or monthly reports; performance of job accomplished.

By evaluating effectiveness of service they give to patients; working relationships with other staff; feedback from community.

On work performed and responsibilities she can assume.

By their progressiveness--by their understanding on how they approach a problem, and how to carry the mechanics of their job.

Standard type of evaluation form would not be suitable for using with aides. Ongoing evaluation is better--telling both good and bad is valuable. "This is really what keeps you going.....when your supervisor gives you a pat on the back."

Aides should be given a chance to evaluate supervisors.

Annual supervision and aide conference.

Let aides assist in evaluation of program and project, staff.

D. How should supervisors be prepared to provide this guidance?

Should have some training in understanding, guiding, and supervising of an aide, etc.

Supervisor should have integrity and sincerity; should periodically redefine expectations for aides.

Going out with the aides for a better understanding of the aides. Be well informed of what is going on in the program and inform aides of what is being done.

Through common sense.

Be aware of problems that exist and understand the problem.

POST CONFERENCE EVALUATION

I. Did you think the conference met its stated objectives?

Yes = 27

Partially = 10

No = 3

Positive comments made by participants:

"I think the conference demonstrated the use of aides in certain community health programs."

"Excellent conference!"

"The objectives were practical and well selected."

"Probably (accomplished) more than meeting them."

"I thought it met its most important objectives."

"I think the aides put across what their objectives were."

"It began to."

Negative comments made by participants:

"Perhaps Objective No. 2, (re: training) was not fully developed; i.e., 'methods will be proposed for providing such training.' I don't believe we went into this area and explored it to its fullest."

"We discussed just about everything from money to guidance, but what is being done about it all?"

"Little weak on Objective 4, I think."

"Objectives 2, 3, and 4 were not specific or complete enough."

"Will need time before evaluation can be made."

"There was moderate participation."

"Will need to evaluate what I heard before I can answer."

"The training of aides was somewhat vague."

"Objective 1 was met. Objective 2, regarding training was somewhat identified but methods for providing training were not really well explored. Objective 3, regarding supervision techniques were not explored--this is one of the keys. Objective 4 was somewhat met."

"Inadequate time to deal with the emotional and interactional problems. Little depth in task discussion."

"Most of the objectives were met except on 4, the administrative aspect."

"It did meet most of the objectives but No. 2 for effective training of the aides and the requirements for same are pretty loose."

"Not in training and supervision of aides. We had an exchange of ideas."

"Not too well."

CONFERENCE EVALUATION

II. What areas did you feel the conference should have covered that it did not?

".....the chairman for the Health Committee of the California Association of Supervisors.....asked our group for concrete, specific justification for hiring aides. We worked on that, but I would have liked to have had the whole conference population address itself to this assignment. I am sure we could have gathered some sound material."

"After the first morning's session when the aide reporters gave the summary of their group's discussion, we heard 'The only difference between us and the professionals is the pay', or 'They only have more education than we do.' It became apparent to me that we were essentially seeing two armed camps who were seemingly pitted against each other. Such a situation is not conducive to working together, complementing each other for the good of 'forgotten families'. This is tragic. Further evidence of this schism was apparent when certain professionals acted stuffy and very superior to the aides or to their contribution. This is sick."

"To reduce this friction, to facilitate employment of aides, to establish fair employment practices complete with fringe benefits, I believe we must think in terms of creating a more egalitarian situation. Certainly, as long as 'aides' are called that, are considered 'auxiliary' personnel or 'part time' staff, they will remain just that and be without real bargaining power. If they have skills, if they can communicate with persons professionals have never really reached, then let us make the most of it, e.g., the AMA, one of our oldest professional societies now sets standards, defines medical curriculum, establishes boards and creates new policies of practice and has a lot to do with fee setting, etc. Is it not possible to 'get in on the ground floor' with this aide situation? With some effort, the practicing aides could go far into establishing their own standards of performance, training, defining scope of activities, etc. After all, if 'it is a person's responsibility to maintain his health and that of his family', why then cannot people become more active in defining and setting their own M.O. for giving and receiving health services?"

"What kind of guidance will we be getting? In both sessions that I was in, we just seemed to skip over it."

"I think the discussion groups were asked to cover too much material."

"I think the conference covered most of the areas. I felt that more films could have helped more. Why so few health aides and what could be done about it?"

"1) Problems in obtaining community support, commitment, the resultant insecurities felt by projects. Some discussion of the obstacles and methods in contending with local government politics and how much the aide should understand this to help her in her work. 2) The problems of quasi-responsibility in Government. Question of jurisdiction between agencies and therefore how it affects the work of aides and professionals."

"The acceptance of the public of these types of positions. Need for better relationships between administrators of the diverse agencies--official and voluntary."

"Better understanding within the agency among the aides."

"Better understanding of agency policies among the aides."

"Variety of aide positions--more should have been said on this. (The work done.) Means of communicating among aide groups throughout the state and maybe find and establish new goals and ideas."

"Existing problem in agencies did not really come to the surface. Communications should be stressed."

"Fundamentals in plans for auxiliary aides where there are none."

"Would liked (sic) to have met with aides more."

"Recruitment of mobile health aides (aides to follow the stream)."

"Background of professional they associate with."

"Specifics of training techniques--materials and problems. Specifics of supervision techniques--preparing of supervisors' problems faced."

"Requirements for supervision of aides not really defined. Emphasis on goals--delivery of health services--overshadowed by consideration of conditions of service."

"I felt aides and professionals should have been together, for I found this most informative."

"The relationship of FWHS objectives, agency objectives and expectations and the objectives for the aide program in this context."

1) "Methods of implementing auxiliary programs into your own agency."

2) "Administrative level people for understanding our problem in working with people."

"More on PHN abilities to work with aides and preparation of the professional to be ready to relinquish some activities."

"Not enough time spent in mixed professional groups and non-professional groups. Initial instructions were not explicit enough for all to begin first session correctly."

"I think the conference covered all areas quite well. Not enough time spent on professional and health aide combined session."

"Not sufficient time allotted for small group discussion including the different disciplines."

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"To my knowledge it was well covered."

"I didn't feel we had enough time to meet as a group with the aides to really get better acquainted and know what areas they were from."

"Feedback to aides from professionals."

"We didn't have enough time in our group discussions."

"Although the concept of the 'career ladder' is very important and should be developed, I feel we should not lose sight of the fact that many aides, (perhaps the majority) are not too concerned about advancing up the ladder professionally, but are really more interested in becoming as effective a community health aide as possible. Therefore, I felt we could have had more time on discussing the areas of 'horizontal development' at the community level."

"I think the conference was good."

"I think more understanding about the Aides' positions."

"Still need more emphasis on training supervisors...and working on another level with professional staff...perhaps they would open up more about some of their hangups if aides were absent."

III. What presentations were especially helpful to you?

1) "Keynote speaker, and 2) "Role playing"

"To learn about what different kinds of duties everyone had. To see how well off we are here at our project."

"The meeting of the aides and professionals."

"The skits were marvelous."

"The opportunity to hear many aides express themselves and their understanding of themselves as member of a team--which was not built in to many job descriptions."

"Group discussion around the guidelines for utilizing auxiliary personnel."

"Professional Conference"

"Keynote address--Professional conference"

"The keynote speaker was an inspiration! Reports by and role playing by aides. Supervisor's point of view."

"Talking to and hearing how professional people feel about aides and some of their past experiences with them. Pro and Con."

"Portions of sessions and discussions devoted to supporting recognition and orderly preparation of aides in the health field."

"Group discussions with combined staff workers."

"Meeting with the aides."

"Conference with professional staff and aides."

"What different projects are doing with aides."

"Capacity of the health aides."

"All were equally helpful."

"Film on migrant program because it can be an excellent training. Wed. p.m. session."

"The keynote address"

"Education and training as I am newly involved in public health."

"The keynote speech. The role playing on Thursday a.m."

"The role of the environmental health aide. I had no knowledge of this position and have been shown it is a very needed part of a health program."

"Last day sessions between aides and professionals."

"Large group meetings"

"Keynote address--Role play"

"Role playing and session with aides and professionals. Keynote address!!"

"Plans for classification of health aides. Plans for uses of health aides."

"Comparisons from different health aides and counties"

"Role playing"

"ALL" **********

"Toward the last of the conference where we were all together for discussion in general."

"Talking to the other aides and getting to know them as a person."

"When the professionals meet with aides to get to know the feeling of the migrants through the aides."

"Talking to aides of the other states."

"Feedback from the aides and the general discussions that followed. Also the comments regarding Boards of Supervision."

"When all the aides met."

"The keynote was excellent...bridged over between last year's conference, on a good strong level. Finally adjourned the 1968 meeting for me. The 'role play production' was good way of looking at some skills the good health worker needs...not just aides, either!"

IV. What presentations were not new information to you?

"None"- (5 responses)

"New careers--had been exposed to this in S.F."

"That we are the only project that doesn't have very many complaints. That in our project we all work closely with our supervisors."

"All were not 'new' but still interesting."

"Nothing much was so new. It's what I learned informally that was revealing."

"We have used all of these presentations and to me this was a well structured conference."

"Most everything was new..."

"Several. However, discussions from various perspectives were most useful and revealing."

"First conference but mainly because of newness of situation."

"Role of Health Aide."

"I gained very little new information from the sessions. The personal value of the conference came through personal contacts with other participants."

"All were information and useful."

"All of the conference. Been attending Migrant Conferences since '62."

"The way the aide can relate effectively in the home situation was not new to me, but the fact that other professionals were not aware of this was news to me--this was brought out in our meetings."

"All had a little repetition."

"New fields for health aides."

"General feelings between the professional and non-professional."

"Role of community health aides."

"Conditions of wage and benefits."

"Practically all of it except for benefits other counties have."

"Functions of the aides. The need to have a better understanding between professionals and aides."

"What the keynoter said."

"Keynoter's talk was most helpful and wonderful."

"Benefit - pay."

"The reaction/summary sounded phoney and superficial to me and to several others who spoke about it later. Minority people said it turned them off, too...."

V. What presentations were interesting, but not particularly useful?

"None" - (2 responses)

"The skits demonstrating the use of aides with professional."

"Environmental health presentation. I don't think that it wouldn't help me at all."

"The discussion about 'New Careers' was. I still do not know how 'new careers' fits in with aide and aide training."

"Aides group discussion reports sounded very inhibited. They should have felt more flexibility, sunk their teeth into issues they really had feelings about."

"There is always an opportunity to learn in any of these conferences if you are willing to listen."

"The dramatization should have served as a takeoff for discussion of the reasons for using aides, and the training necessary, how an aide uses himself to help the patient and when he merely makes sure the patient receives specialized service from someone else."

"Use and misuse of aides" - (2 responses)

"The new careers organization was interesting but not very. I became to feel that this was an infiltration of agitators and a bad move for the aides at this time??????"

"New careers not interesting and not particularly useful."

"Panels"

"New Careers"

"Most sessions fell in this category."

"Discussion of OEO structure and problems."

"This was an exceptionally well-oriented program and have given meaningful info from all sessions."

"I felt all the presentations were useful because you as an agency are involved either directly or indirectly."

"All interesting and useful but whether one can do much about using the information and the extent of its use depends on the home situation and on ability to present it."

"The meeting with all professional was too much a repetition of meeting that morning."

"Rehashing of old ideas-- group leaders unable to handle discussions."

"Group leaders' inability to lead."

"I found them all interesting and useful."

"Every presentation was helpful."

"Getting to talk to the professionals and to find out how willing they are to get to know how we can work together."

"The point of view of the female aide in the panel discussion at the close of the conference."

"Transporting people, having busses; we don't have anything like that."

"The difference on salaries even in our own state, and benefits."

"All were useful to some extent."

"I felt all the conference was useful to all of us aides."

"The role plays were very actual situations and interesting. I think the panel discussion should have been more improved."

"Education."

"The reports of the recorders might prove more helpful when synthesized."

VI. General Comments

"I thought the small discussion groups were very helpful, due to the fact that the aides expressed their opinions and discussed their experiences in the field, which I thought was very helpful."

"I would like to know what is going to be done about pre-professionals getting a certificate so that they may get a job elsewhere?"

"If a next conference is to be set, more time should be set aside for the closing comments and also in the summary."

"I feel that the success of the conference is in the impressions it has had on the aides who attended. As a so-called professional, I was disappointed in the reaction of the professionals."

"Conference was really interesting meeting people, talking about their own project. I think at the next conference if any, the social evening should be improved! I think people should mingle more between races, white-black-white-brown."

"It was worth having--which is saying a lot."

"The programs and projects reported here reenforced the direction and plans that are in existence in other areas and that none is alone nor are they without successes in delivery of health services by this method."

"Congratulations to the conference planners. It's been a most fortunate experience for me to be here in sunny California."

"It was good to have time to talk to aides and professionals."

"This conference was good. There was time for group and individual discussions as well as an opportunity to talk with aides and health educators as well as nurses. Food has been excellent and adequate. Other facilities good, beautiful, and restful."

"The guidelines for discussion were excellent! I learned a lot talking to people informally at meals--whole setup was great."

"The conference itself with group discussions was found to be very interesting, especially the groups composed of aides and professionals. The billeting I found to be displeasing because the sanitary facilities had to be shared between two apartments. I would prefer to attain my own billeting downtown because of having a radio, television, and privacy." (Sic)

"Message from the State Chairman Co. Board of Supervisors was timely and a good addition to the conference."

"Film was good, particularly for orientation for professionals. Well organized together with joint sessions and small group units."

"More planning should go into the next conference as to how the goals and objectives will be reached at a more positive level at the end. Couldn't hear all the speakers and participants--a better P.A. system."

"Especially good plan to meet in small groups."

"Main thing was learning. We all have basically same problem with programs, staff, admin. and consumers."

"I was quite confused with New Careers people there. If aides are or will be organized, why should they join something like this?"

"Considerable discussion took place relative to the 'gap' between health aides and 'professionals'. The aides seemed to resent the fact this condition existed--few seemed to give any consideration to the amount of work and study required to obtain the 'professional status'. It might be that while important, the aides are being pushed too fast--i.e., over-evaluated."

"The problems presented and the need for education of the 'non-initiated' are very real and very necessary. Yet there is another area which needs to be dealt with. There is a need to develop 'hard' training and supervisory material."

"When we have aides, we are manipulating lives; and if this is done without knowledge and guidance, we are more to be damned than those who do nothing at all."

"More frank discussing needed--maybe another day with an afternoon break between second and third day."

"Insufficient time in group sessions. Wednesday evening could have been used, perhaps, but more time. Alternatively, task groups on defined areas with separate sign up and 'conference long' consideration."

"Felt conference was very well done but wanted more time for open discussion. It was very informative and helpful in my personal job and education."

"Felt I now have more tools to work with and maybe we can open doors where they were closed."

"This has been 'a work session' probably the most meaningful conference I've attended."

1) "Training and orientation of professional people really needs improvement."
2) "The agency needs to revamp their thinking in personnel and policy procedures and start from there."
3) "Get rid of the term 'aide'."

"Thanks for Calif. information on aide prog."

"The role of the aides in light of how the health officer sees them should have been emphasized more."

"The community situations in which aides work should have been discussed more."

"Not until the last session of small groups was there an opportunity for the aides to hear what the professionals were talking about in their meetings, so the aides were unsure and threatened and we spent the first hour telling the aides our individual philosophies in regard to their use and need. Some better way, (if time was adequate) was needed to convey this basic necessary information--then we could get to the 'meat' of the subject."

"An overall excellent conference and I also believe it will be beneficial for the health aides."

"Generally, the sessions (small groups) were great! Food was superb. I went home feeling more proud of my profession and having a feeling of recognition"--(from a health aide).

"Need to have auxiliary group realize professionals are trying their best to meet expectations of this group though establishment policies are not adequately updated at present."

"I enjoyed this conference and I learned from it."

****

"This conference was very interesting and educational to me. Hope in the future we can have more of this kind."

"I felt that the people that were picked out to be on the panel were too new to give any important information and comments and didn't contribute anything valuable. I was sorry we didn't get around to setting up the newsletter we hope to establish."

"I would like to see if it is possible to have another conference to follow up on new ideas that developed from this conference."

"I felt that the groups pulling for New Careers tended to take over too much of the conference time. This was supposed to be an aide conference to discuss problems as perceived by aides in carrying out their functions. New Careers is part of the problem, but certainly not the whole thing!!!"

"We should have aide conferences more often and professionals."

"This was my first conference; I enjoyed all of the group meetings. I enjoyed the second day group meeting with the professionals."

"Good."

"Follow-up of this conference is most important. Please start meeting with program people in SDPH whose programs use aides so you can get them on board. If uniform standards are truly desirable, baby, start selling right here. Would like to see the recommended task force implemented as soon as possible before training guidelines become crystalized."

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APPENDIX B

GUIDELINES FOR GROUP DISCUSSIONS

Roles Of Health Aides

1. What are aides doing now?

   Compare jobs of aides in different projects.

   Compare job descriptions--what are the differences and similarities?

2. What can aides do?

   What activities can they perform beyond their present job?

   In what programs can they function?

   What is their potential value?

   What freedom and power should they be given?

   Should they be employed in specialized or generalized positions?

3. What should aides not be allowed to do?

   What are their limitations?

   What are the differences between aides and professionals?

4. What role can the aide play as an advocate or an organizer of the community?

Employment, Training And Supervision Of Health Aides

Employment and Administration

How can aide positions be established in the agency?

What arguments and data can be used to justify positions?

What employment benefits should be provided?

Why are so few male aides employed?

What are the minimum requirements for recruiting and selecting aides?

What kinds of people should be selected?

Training

Have aides been adequately trained? Why?

What training should be provided aides? What areas should be covered, how long should it be, etc?

How can this training be provided, i.e., who should give it, where, etc?

What training methods and techniques are appropriate?

What training should professional staff be given?

How can professional staff be prepared to understand, accept and use aides?

Supervision

What are the problems in supervising aides?

What kind of guidance and supervision should be given?

How should the performance of aides be evaluated?

Who should supervise aides?

How should supervisors be prepared to provide this guidance?

How To Effectively Use Aides In A Health Program

Discuss and make recommendations on how health aides can be used effectively in projects from which individual group members come.

Use the California "Recommended Guidelines For The Utilization Of Auxiliary Personnel (Health Aides) In Local Health Departments" as a guide and think how each of the recommended steps could be implemented in the home projects of the group members.

The seven major sections cover: (Refer to the guidelines in Appendix C)

I. Planning

II. Recruitment and Selection

III. Employment and Personnel Practices

IV. Education and Training

V. Orientation of Professionals

VI. Supervisory and Support Services

VII. Administrative Direction

Participants should discuss and answer the following questions for each recommended section of the guidelines, considering their own experiences and conditions that exist in their home work situation:

1. Is the recommendation valid?

2. Can it be carried out in your own agency, project or program?

3. How can it be implemented? By whom, etc?

4. If it is not feasible or practical, what should be done?

5. Are there any items or steps that are missing? If so, make specific recommendations and suggestions.

APPENDIX C

GUIDELINES FOR PROGRAMS UTILIZING AUXILIARY PERSONNEL (HEALTH AIDES) IN CALIFORNIA LOCAL HEALTH DEPARTMENTS

Adopted by the
California Conference of Local Health Officers

April 18, 1969

These recommendations define auxiliary health personnel, describe the need for such workers, and establish guidelines for the use of auxiliary personnel in local health departments.

INTRODUCTION

With the passage of Public Law 89-749, comprehensive health care has become national health policy. To implement this policy and provide quality health care to urban and rural community groups, health agencies are faced with critical shortages of trained personnel. It has been estimated that by 1975 the health services industry will require an increase over present levels of 45% in trained manpower to provide the health services required. Local health departments integral to the health services system will need to recruit, train and employ auxiliary health personnel in order to augment the health team and provide effective and efficient health services.

Auxiliary health personnel (health aides) are defined as persons employed to perform a health job at a level below that of the traditional professional. These persons are usually recruited with little or no previous experience or training, and may be given some structured health orientation, some remedial education, but primarily on-the-job training and close supervision in the performance of specific tasks in a health program. They have been functioning under titles such as health aides, neighborhood family health workers, medical aides and health new careerists. But the two primary reasons for employment of this staff is: first, that by assisting professional workers, broader service may be rendered and communication can be more effective with special target groups; second, new areas of meaningful occupations can be created.

JUSTIFICATION FOR USING AUXILIARY PERSONNEL

Within the past decade the use of health aides has grown extensively. Numerous demonstration projects supported by funds from U.S.P.H.S., O.E.O., Department of Labor and others have shown the effectiveness of these personnel. Values in the utilization of auxiliary personnel include the following:

1. Improves health services to people through better utilization of health personnel. Employment of auxiliary personnel can free professionals to use more fully their skills to plan, conduct and evaluate existing programs and to introduce new services. This

extends the professional's time to more people and serves as a future source of recruitment for professional staff. Provides a unique service with regard to communication between special target groups and the health system.

2. Offers additional source of manpower to meet local and state needs. The availability of indigenous persons provides a different kind of manpower resource to meet the health service needs of California's risk populations.

3. Overcomes many traditional problems of getting health services to clients. Because of certain inherent characteristics of indigenous personnel, they are able to overcome barriers of cultural differences, professional status, communication difficulties, lack of motivation and understanding and other problems that have interfered with the provision of health services to disadvantaged groups.

4. Serves as a catalyst or mechanism to rethink and reorganize traditional or obsolete personnel systems and processes. With the introduction of new types of personnel and the resultant efforts to define new jobs, recruit, select and train new persons, this could serve to demonstrate more effective and efficient manpower systems in the health field.

5. Makes the agency more responsive and accountable to the community it serves. If auxiliary personnel are indigenous to the agencies' communities, they can act as a bridge between the health agency and the community by improving the flow of communication, by reducing the social distance and by breaking down class, racial and other barriers between the deliverers and the receivers of service. This offers feedback available through no other channel.

6. Attaches a dignity to work. Jobs for auxiliary health workers are important, needed, provide meaningful careers, and produce significant economic and social benefits, including new employment opportunities for many persons now requiring maintenance under public assistance programs.

PROBLEM AREAS IN THE USE OF AUXILIARY HEALTH PERSONNEL

California health departments have responded strongly to the need for and challenge of the use of auxiliary personnel. Health aides are now being used in increasing numbers in a variety of ways in local health departments. Serious problems, however, have arisen that call for careful scrutiny of existing and planned programs so that quality of service will be consistent. Auxiliary personnel can then transfer skills from one health setting to another, and false starts in programs of training and utilization and personnel turnover can thus be reduced. There is urgent need for standardization in these programs.

1. Programs introducing auxiliary health personnel have often been appended to existing organizations without the recognition that bringing in a new category of health personnel requires an

updated philosophy of administration and overall restructuring of the staff system, with review of job assignments and job descriptions at all levels.

2. Recruitment and selection of personnel has been carried out according to existing conventional processes or on a random basis.

3. Employment and personnel practices have not extended the same full benefits and job security for auxiliary personnel that are established for other employees.

4. Education and training for auxiliary personnel has tended to be provided on an ad hoc basis and has not been standardized to allow potential for job transferability; has not been integrated and coordinated with curricula of academic institutions.

5. Auxiliary health personnel have been introduced without sufficient orientation of and participation by professionals and other existing staff so as to allow for acceptance, understanding and proper utilization of subprofessionals.

6. Supervisors of auxiliary personnel have not been properly prepared for the new duties involved, resulting in frustrations and inefficiency.

7. Support services necessary for those newly employed that are necessary for their effective and complete training and work-learning experience have not been made fully available.

8. Full commitment by administrators and existing staff to the new programs using auxiliary personnel has not been clear. Programs have suffered from a lack of specific coordination responsibility and lack of a variety of needed activities to make positions permanent, recognized, accepted and subject to systematic evaluation and cost/benefit analysis.

RECOMMENDED GUIDELINES FOR THE
UTILIZATION OF AUXILIARY PERSONNEL (HEALTH AIDES) IN CALIFORNIA
LOCAL HEALTH DEPTS.

I. Planning for Use of Auxiliary Personnel will be based on the identification of health program areas and on analysis of the activities and tasks necessary to provide the public health services required:

A. Current work assignments should be studied and all tasks necessary to carry out the program should be identified.

B. Necessary tasks and activities should be clustered according to the required skill and knowledge levels essential for their performance, especially identifying tasks now being carried out that are not consistent with present educational and experience requirements.

C. Program personnel systems should be restructured to reflect and include the number and nature of position levels needed based on the above.

D. Where necessary, new job descriptions and titles should be developed accordingly, beginning at entry level positions for pre-professionals with minimum educational and experience requirements and including unfreezing of current dead-end positions and a series of logical career ladder steps.

E. Personnel structure should include opportunities for horizontal as well as vertical mobility.

II. Recruitment and Selection of Auxiliary Personnel will involve not only conventional methods to recruit from the general work population but will employ new methods to concentrate on recruitment from high-risk populations, themselves, particularly for new health entry level positions.

A. Identification and recruitment from high-risk populations should be possible through first-hand contacts of community aides, public health nurses, health educators and public health social workers who are likely to know appropriate candidates.

B. Selection criteria should be geared for high-risk populations and should include relevant background and experience and inherent skills rather than an arbitrarily established academic achievement level.

C. Arrest records, lack of citizenship or residence should not automatically disqualify candidates, except as these may obviously and directly affect potential work assignments.

III. Employment and Personnel Practices for Auxiliary Personnel will be at the same level as for all other personnel:

A. Permanent full-time civil service positions for auxiliary personnel should be established with fair and adequate salary scales and employee benefits equal to other agency staff.

IV. State and Local Plans for Education and Training of Auxiliary Personnel will assume their immediate employment in tasks productive for the agency and will offer a potential for open-ended, progressive advancement in skill and knowledge levels.

A. An immediate, systematic on-the-job training program should equip entry level personnel for productive beginning assignments.

B. A basic core curriculum for statewide application should be developed that will offer a standardized knowledge base for all pre-professionals and will allow for them to begin functioning in as many health program specialties as possible.

C. Released time with pay should be allowed for other basic, compensatory or higher academic learning.

D. Continuing in-service training should be geared to career ladder advancement steps to higher level jobs.

E. Health agencies, including at the state level, should make known to academic institutions such as adult education programs, community colleges and state colleges, the need for new or adapted curricula to meet the progressive educational requirements of auxiliary health personnel parallel to their career ladder advancement.

V. Orientation of Professionals and Other Health Personnel to working with, supervising and teaching auxiliary health personnel must precede and accompany their introduction into the staff system.

A. Supervisory and line staff should be involved in planning for and use of auxiliary personnel at the earliest possible stage so as to minimize their acceptance of and effectiveness in working with other staff. They should be given special orientation and continuing education related to the use of auxiliary personnel in health programs.

B. Assistance should be given to all staff in assuming new responsibilities for supervision and training of auxiliary personnel, for adjustment to the redefinition of their own jobs resulting from introduction of new types of personnel. Other staff position descriptions and compensation should be upgraded according to increased responsibilities.

VI. Supervisory and Support Services for Auxiliary Personnel must be provided so that they can learn and function effectively.

A. Supervisors should be selected on the basis of interest and skill in supervision of auxiliary personnel, and adequate time allotments should be made for this portion of their duties. Two-way communication should be facilitated.

B. Learning progress and job performance of auxiliary personnel should be evaluated periodically.

C. Intra or extra-agency support should be provided or arranged.

(1) Counseling services when required for auxiliary personnel for job adjustment problems, educational counseling, family adjustments and the like should be made available.

(2) Health facilities and services should be made available to bring all pre-professionals to employment readiness through medical and dental services as long as necessary. Similar services to families of auxiliary personnel should be provided or arranged for.

(3) Assistance in arranging for and when necessary subsidies for the cost of child care, transportation to and from job site and to academic institutions and to cover costs of tuition, books and similar education should be made available.

VII. Administrative Direction and Institutionalization of the program for training and utilization of auxiliary health personnel will require full commitment of health agency leadership, and a plan and intent to make the program permanent.

A. A staff coordinator with specific responsibilities for the health auxiliaries program should be designated.

B. Positions should be developed into permanent classified jobs with:

(1) Standardization of entry-level and advanced positions.

(2) Appropriate pay levels for all career positions with costs met out of regular funding sources.

(3) Standardized training for all pre-professional personnel.

(4) Recognition and appropriate certification for new pre-professional personnel.

(5) Institutionalization of new academic educational programs to supplement on-the-job training programs.

(6) Development of community acceptance and recognition of pre-professional positions as well as the use of pre-professional services.

(7) Development of on-going study systems to evaluate and make necessary changes in the delivery of health services and to include evaluation of the effectiveness of training, quality of performance and of the consistency of the pre-professional program with the expectations of staff and general program needs.

(8) Program budgeting relevant to the above.

APPENDIX D

Selected Bibliography on Health Aides

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August 1, 1969

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