Report of an experience in south Texas

The Training of Health Assistants

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PROJECT HOPE, an organization experienced in medical and paramedical education in various countries (*1, 2*), in 1969 established a program in Laredo, Tex., for the training of health assistants. The initial base was to be broader than most health aide training programs, and its purpose was to prepare a person to enter a health job with a good foundation for specific on-the-job orientation. This program has now become the first rung of a ladder curriculum at the Laredo Junior College whereby those who complete the one-semester course may go to work as health assistants. They will have a semester's credit in a 1-year program for the licensed vocational nurse (LVN) level, and this, in turn, will give them a year's credit in the preparation for an associate degree in nursing. By arrangement with the University of Texas, additional training leading to a BS degree will be provided.

Entrance requirements include completion of high school, but a special program is also made available whereby high school dropouts can get qualifying training before entering the course. The indications for this endeavor were (*a*) the inadequacy of health-related vocational training opportunities for Mexican Americans and (*b*) the need for improvement in health care delivery in an area having limited medical and nursing personnel and limited financial resources for health care.

Promoting a course of this type is in harmony with a growing interest in the use of task-trained auxiliary personnel to help bridge the gap between the professionals and the community, especially among minority ethnic groups. Nonprofessional auxiliaries have undoubtedly been used throughout medical history, but in the United States the definition of various categories and their official certification after participation in approved training programs is relatively new.

On the other hand, in some of the emerging nations the standardization of auxiliaries has a long historical background (*3,4*). The use of auxiliaries grew out of sheer necessity in areas where physicians were few and at times unwisely distributed. In some countries, the pattern has been that of a few physicians treating the socially privileged, leaving various types of auxiliary personnel to do the best they could for the rest of the population. Fortunately, this pattern is beginning to give way to a system of graded services in which aides at each level report to and are guided by persons working at a higher level.

A good example of a plan for the guided use of auxiliaries is one which I observed in Colombia. It was organized by the Ministry of Health, the Colombian Association of Medical Schools, and INPES (National Institute for Special Health Programs) (*5*). In this plan, the equipment and personnel for each level of the health pyramid are defined from "rural" to "university," and the training required for each category is specified. For example, at the so-called local level, serving about 6,000 people, there was to be only one physician and one nurse. To assist them were to be several nursing auxiliaries, a laboratory auxiliary, one or two dental auxiliaries, an X-ray auxiliary, an auxiliary in pharmacy and statistics, a "kitchen economist," a maintenance auxiliary, an administrative assistant, and an environmental assistant.

In the United States, the present surge of interest in training health assistants dates back to a pilot program in the use of health aides conducted at the Navajo Indian Reservation at Window Rock, Ariz., by the University of California School of Public Health at Berkeley and reported in 1963 by Roberts and co-workers (*6*). In 1969, Hoff (*7*) reviewed the growing use of community health aides in public health departments in various parts of the United States. He remarked, "We can provide meaningful health careers for the poor and the disadvantaged by first developing

entry-level jobs for aides and then creating further opportunities for upward mobility."

Initial training for more advanced levels than the "health aide" level has been exemplified by several programs. Moodie and Rogers (*8*) recommended that health aides be provided opportunities to take short courses to enable them to attain certified qualification at more advanced levels of training. The health community workers reported by Wilson and Fabric in 1971 (*9*) had 3 months of full-time training, and the family health workers reported by Wise and co-workers in 1968 (*10*) had 6 months, followed in both instances by additional on-the-job instruction.

Laredo's Program

The content of the course in Laredo presents some basic concepts of the following subjects:

First aid
Normal growth and development
Prevention of communicable disease
Normal obstetrics, including prenatal and postnatal care
Mental health
Elementary nutrition
Chronic disease care
Drug abuse

The training also includes supervised practical experience in the hospital, the public school system, and the health department. For those students who need it, there is remedial reading. For all students there is instruction in mathematics, some training in basic science, and a course in the cultural heritage of the American Southwest.

By February 1972, 77 trainees had completed the course. Since then we have evaluated the course informally by interviewing individually 48 of the trainees who had finished before July 1971 and six of their employers. Because the trainees were all Mexican Americans, they were interviewed by Mexican Americans who were employed in our organization. The interviewers asked, "If you had it to do over again, would you train or be employed as a health assistant?" The resounding "Yes" given by 47 of the 48 exemplified their enthusiastic attitude. When they were asked what aspect of their work gave them the greatest satisfaction, 47 of the 48 mentioned an activity which directly involved patients or their families or school children. Only one liked office-work best. This "people orientation" is intentional; as mentioned previously, the health assistants are expected to help bridge the gap between the professional and the patient.

Forty-five of the 48 considered their training adequate for the jobs they obtained. When asked whether they would recommend any changes in the course, 26 said "No." The rest suggested adding various specific job skills. We believe, however, that this training in specific skills is the function of on-the-job training given by the employer and that the content of the course as it stands is an adequate base for such specialized instruction. Only two persons did not plan to continue in health work, and their reasons were personal and not related to whether or not they enjoyed this field. Six of the remaining 46 were already getting additional training in the ladder curriculum, and 30 more planned to continue as soon as they were financially ready.

The reaction of the employers I interviewed was uniformly one of outspoken satisfaction with the on-the-job performance of the health assistants. The director of nursing of a 240-bed hospital assured me that the aides trained by Project HOPE were some of the most satisfactory employees they had in any aspect of hospital work The staff of the city health department and of two nursing homes that were employing our trainees were also pleased. The supervisors in the school department, which employs 13 of our trainees as helpers to school nurses, were entirely satisfied with their performance.

All the employers agreed that the trainees' orientation and on-the-job learning ability had been significantly enhanced by the basic information they had received in the course and the attitudes they had developed as a result of the course. All also agreed that as the health assistants took over many routine tasks more highly trained personnel were freed for more sophisticated responsibilities. The only additional course content suggested by employers was basic training in filing and record-keeping. This training was subsequently added to the course.

I believe that one reason for the satisfaction of the employers is that all of them had been interviewed in advance, and the probable capabilities of the trainees had been explained to them. The employers were guided by our teachers in planning how to use their new health assistants. In fact, our teachers had participated in the on-the-job orientation of the aides after employment.

A significant value of this course is its effectiveness as the first rung in a ladder pattern, as attested by the six trainees already taking nursing courses at the Laredo Junior College. The teachers of these six stated that they were well prepared

for the more advanced course given the next semester.

Rather than having this course be the first rung of nursing training alone, we have considered other health careers to which it might lead. Tom Deliganis, director of occupational and continuing education, Laredo Junior College, has been working on a multifaceted health careers ladder program to be developed step by step in future years.

In the following outline of Deliganis' concept, the first subhead under each professional category requires one semester of training, the second another semester, the third two additional semesters, and the fourth 2 or more years.

Nursing
Health assistant
Licensed vocational nurse (LVN), including the following subspecialities:
- Patient care centered LVN
- Operating room technician
- Emergency medical technician
- Geriatric technician
- Mental health aid

Registered nurse, AA (associate in arts) degree
Registered nurse, BS degree

Medical records
- Health assistant
- Medical records clerk
- Medical records technician, AS (associate in science) degree
- Medical records librarian, BS degree

Hospital administration
- Health assistant
- Ward clerk
- Ward administrator
- Business administrator, BS degree
- Hospital administrator, MS degree

Occupational therapy
- Health assistant
- Occupational therapist's assistant
- Occupational therapy technician; AS degree
- Occupational therapist, BS degree

Physical therapy
- Health assistant
- Physical therapist's assistant
- Physical therapy technician, AS degree
- Physical therapist, BS degree

Laboratory technology
- Health assistant
- Clinical laboratory assistant
- Medical laboratory technician, AS degree
- Medical technologist, BS degree

Environmental health
- Health assistant
- Sanitarian's assistant
- Environmental health technician, AS degree
- Environmental health technologist, BS degree

Arrangements are being made with two universities for transfer of students who are ready to go beyond the levels provided by the junior college. The environmental health and laboratory technology ladder programs are already underway, as are the various facets of nursing. These advanced stages are made possible by the cooperation of Project HOPE, the Laredo Junior College, Mercy Hospital, and the Laredo-Webb County Health Department.

Conclusion

Various levels of health paraprofessionals, if properly organized under professional supervision, can greatly enhance the efficiency of health care delivery. The training experience of the Project HOPE team in Laredo is concerned with one of the more basic or rudimentary levels, the health assistant.

A review of our experience in Laredo revealed that our course prepared students for the on-the-job instruction which they received upon being employed by a hospital, nursing home, city health department, or school nursing department. We also found that this training could be used as the first rung of a ladder curriculum leading to a variety of professional careers.

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