Project area in Lackawanna

Health Helpers in Erie County, N.Y.

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Effective use of paid nonprofessional community workers in public health programs began in early 1967 in New York State. At that time the State department of health instituted a trial program in Albany using such workers, who were called "health guides." In October of the same year, a health guide program was established in Erie County. With 85 community health workers, it is the largest in the State outside of New York City. The program was among seven in the county that were awarded "county achievement" citations in July 1971 by the National Association of Coun-

ties for "significant and continuing improvements for citizens."

Aims of Program

Most of the health guide programs in New York have stressed the moving of people to health services. Such movement, however, is not enough. In the Erie County program, while movement of people is also an objective, our major aim is to motivate people to accept responsibility for their own health and to seek needed services themselves. We have set our sights on a lofty target—realization of the World Health Organization's definition of health, that is, a complete state of physical, mental, and social well-being. To come within the range of this target, innovative approaches and effective action are essential.

The Erie County health guide program, which is assigned to the office of public health education and information of the Erie County Health Department, is oriented toward educational programs and communications. Involvement of health guides in decision making is stressed. The program has these specific aims:

1. To instill an understanding of some of the implications and complications of health and illness in people of the community and to inform them of preventive and curative measures and services.
2. To motivate residents to use available health services and facilities.
3. To follow up and follow through on health problems and referrals.
4. To report the community's health problems and the community's needs for health services to the Erie County Health Department.
5. To improve relations between the providers and receivers of health care.

Funding and Staffing

For the first 2 years of operation, the New York State Department of Health provided all the funds for the health guide program in Erie County. The proportion of funds supplied by the State health department, however, is being reduced by 10 percent annually so that eventually the State will be supplying only half of the funds. The State health department is now supplying 80 percent while Erie County supplies the other 20 percent. There are five health guide units in Buffalo's black community, serving about 12,000 families, and one unit in the first ward of Lackawanna, serving about 2,000 disadvantaged families, both black and white. Two of the units in Buffalo and the one in Lackawanna were established in 1967.

Each health guide unit has a full-time supervisor and 13 half-time health guides, who work 4 hours a day, 5 days a week. A public health educator is also assigned to each unit to assist with the administration, planning, training, and evaluation of the health guide program. Applicants for the positions of supervisor and health guide are referred by the staffs of the following agencies: county department of social services, county health department, Community Action Organization, State department of employment, Concentrated Employment Program (a program of the U.S. Department of Labor), Family Service Society, and by persons from the geographic areas who just heard about the Buffalo program. Upon completion of a short personal history application form, the applicant is interviewed.

For the first three health guide units established, the director of the county office of public health education and information selected the supervisors and the health guides. Subsequently, new health guides have been selected jointly by the director of the office of public health education and information and the unit supervisor assigned to the area where the vacancy existed. In Erie County, all supervisors and health guides have been black women except for two white women, one of whom speaks Spanish.

The requirements for a health guide are as follows:

1. Age of at least 21 years.
2. Socioeconomic and educational background similar to that of residents of the area in which the guide will work.
3. Some experience with medical care and health service facilities. (Women were sought who had worked at, or at least used, health facilities such as well-baby or dental clinics.)
4. An outgoing personality and an apparent desire to help people.

Cooperative Decision Making

It would be foolish, in fact senseless, not to use the health guides' knowledge of the community, its people, and their health needs when establishing and conducting a health guide program. Therefore, in the Erie County health guide program, decisions have always been reached cooperatively. This approach has been applied effectively

to old, new, and changing activities undertaken by the health guides. Many of the decisions are made at the unit meetings held two or three times weekly, which are attended by the unit supervisor and the health guides, and at the weekly meeting of the supervisors with the director of the health guide program. Health guides are present at the meetings with the director, upon request for special needs and periodically as part of their inservice training. Joint decision making has been effective in starting new programs, improving others, binding the six health guide units together, and in strengthening the health guide program in general.

The health guides participate in discussions and decisions on the content of the health guide program, and they help in conducting and evaluating it. They assist in selecting their working hours, in handling referrals, and in determining the best approaches for reaching particular families. They help decide what data to collect, the best time for followup, and most important, when to try to strengthen a family by giving it responsibility for its own health care.

Even when responsibility for health care is transferred to a family, the guide stands by to help if needed. A health guide, for example, might discuss a health problem, such as needed immunizations, with members of a family. Once they understood the problem, she would suggest possible action. Then she would wait for results; this wait might be long or short, depending upon the seriousness of the problem. For more serious problems, however, the guide would request immediate action by telephone, following up with written referrals. In any case, the guide stands by until the problem is solved, helping as needed. This practice of inducing the family to accept responsibility has repeatedly proved effective and beneficial, both to the families involved and to the health

Health guide project director providing health guide with individual consultation

guide program. Some families, for example, now have family physicians; there are fewer broken clinic appointments; houses have been repaired; jobs have been found; families' attitudes toward health care and their relations with nurses, inspectors, and caseworkers have improved.

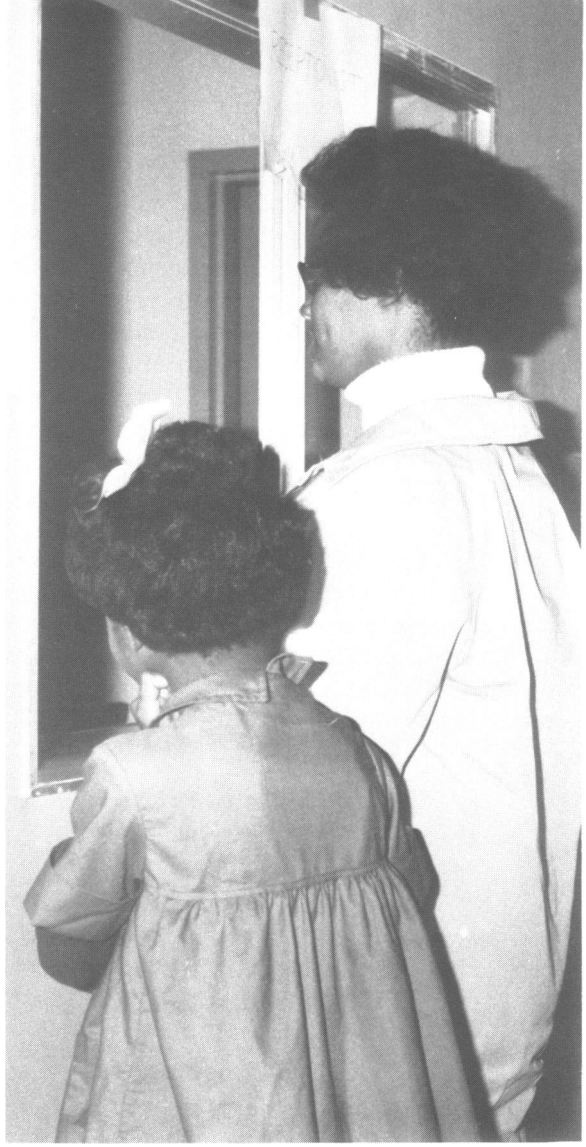
One example of the kind of decisions that health guide units have been called upon to make, unit by unit, was whether to accept an offer of the School of Dentistry of the State University of New York at Buffalo to have dental students visit homes with the health guides. The dental students were to examine teeth, recommend care, make referrals to local dentists (after they had visited them to make sure they would accept new patients), and give demonstrations on dental care and oral hygiene. Depending on local conditions and the residents' attitudes, each health guide unit, as a unit, accepted or rejected the offer. Decisions were binding on all members of the unit.

The policies and public health and educational principles of the Erie County government, the county health department, and its office of public health education and information are followed without exception throughout the health guide program. New and effective means of applying these principles, however, are discussed and implemented if practicable and feasible. Often the discussions have led to new ways of getting vital information to the people.

Some health guides serve on a Model Cities health committee, others on a drug abuse committee of the community welfare council, and two serve on a task force evaluating the county health department. Health guides have brought about changes in clinic hours. With their encouragement, members of the community have also changed their health behavior patterns and sought employment.

Continued Training

Involvement of the health guides in decision making is only a part of a continuing program of training. The guides' initial orientation and training lasted 8 weeks, 5 days per week, 4 hours per day; 2 hours per day were spent in formal instruction and 2 hours in making the initial survey of families. The subjects of study included hospital care, immunizations, child care, nursing services, housing inspections, preventive care, dental health, and nutrition, as well as the programs and services of the county health department. In addition, information was provided on programs and services offered by the Family Service Society, Salvation Army, Erie County Department of Social Services, Visiting Nurse Association, Catholic Charities, local Red Cross chapter, local fire and police departments, State department of employment, Social Security Administration, Food and Drug Administration, and any other activity which it was believed would be of value and help to the health guides and the families they serve.



Mother and daughter keeping appointment at neighborhood clinic made for them by health guide

Other programs have also reinforced and supplemented the health guides' training. For example, field visits have been made to the office of the Regional Medical Program; discussions have been held with health educators on specific health problems and the methods and techniques of health

education; health guides have participated in administrative meetings of various agencies and helped evaluate a locally produced film before it was released.

The health guides keep records and prepare reports, learning to understand and use the data they collect. Records are simplified, however, and recordkeeping is kept to a minimum. During their orientation and training, the guides completed survey cards on families in the area to be covered by the health guide unit. They filled in names and addresses of members of each family on the card and wrote a brief sketch about the family.

After the survey cards were filled in, they were given to the unit supervisor and sorted by streets. A series of health questions printed on this survey card assisted the health guides in subsequently entering the homes assigned to them and served as a starting point. Guides were assigned to the streets where they lived unless they requested otherwise or unless the supervisor believed that another assignment would be better.

Followup is Followthrough

A checkoff system is presently used to keep track of the health guides' visits to families. After the guide leaves a family, she makes a notation about her visit on a checkoff card, and in some instances, in the health guide's resource notebook. This notebook, which has a list of all Erie County Department of Health services and of the hospitals and agencies offering health care services, also contains the cards from the initial survey. If the family has no serious problem requiring immediate or prolonged followup, the guide completes a daily card for each visit.

The daily card provides a space for the health guide's number, the family's address, the date and time of visit, and whether it is a first or second visit, as well as special categories to check off under medical, social, and environmental problems and a special checkoff for the action taken by the guide.

The data from the daily cards are processed by computer, with monthly and quarterly printouts. Data are collected on about 40 items.

Because the guides are acquainted with the families assigned to them, they can quickly recall previous visits and the family's previous problems. But more important, problems are followed up and solved before the guide moves on to another family. Depending upon the kind of problems and the families' responsiveness, the health guide may, at any one time, be working with 15 to 50 of the 150 to 175 families assigned to her.

The guide describes more serious problems on a note sheet. This note sheet provides a followup reminder and record.

On a visit to a family, the health guide may need to find the answers to many questions, which may relate to the physical, mental, or social well-being of its members. What is the family's problem? How serious is it? How long has it existed? How much responsibility will, or can, the family accept, and how soon? Has the family sought help before? If not, why not? If someone else has tried to help, who was it? If no one has tried, why not? Will the family allow a professional to visit? Does the family understand its health problems? Will the members of the family use health care facilities? How can similar problems be prevented in the future? Is the family on welfare? With these questions in mind, the health guide takes whichever of the following steps are appropriate:

1. Places responsibility for health care on the family.
2. Listens patiently and fully to accounts by members of the family of their health problems.
3. Discusses with family members their problems, the causes of them, complications, possible outcomes, and health practices to prevent their recurrence.
4. Points out to the family and appropriate agencies any conditions in the home and community that are hazardous to health or safety.
5. Makes referrals to agencies providing needed services and then allows sufficient time for the family to react to the referral.
6. Motivates people to use available services and facilities.
7. Visits the family again if necessary to insure that a referral is acted upon.
8. Goes once with a family member to obtain needed services if this is necessary to get the family started.
9. Continues to visit the family until its health problems are solved, a specialist is called in, or further visits are deemed useless.
10. Seeks professional assistance as needed.
11. Makes periodic visits to families to uncover new or additional health problems or when families request that she visit.

Should a health guide fail to induce a family to respond to a referral, the supervisor accompanies her on a home visit. A nurse, housing inspector, or a caseworker may also be called in. In most

instances, however, the health guide, the supervisor, or both, are able to bring about a desirable response.

Once referred, the family must make the first request to the appropriate agency for services. Needed services requested by a family, however, are sometimes slow in materializing. Only if this is the case, does the health guide request the services on behalf of the family. If an agency is slow in providing help, the supervisor works with the agency, for example, with the dental clinic, hospital, county department of social services, county health department, or the voluntary health agency. Additional delays are relayed to the director of the office of public health education and information, who, on behalf of the health guide or the family, reports continued delays to the commissioner of health or to the agency's executive. This method of followup and follow through has proved most effective.

Evaluating the Program

Periodic evaluations should be a part of any program of activities, but such evaluations are often biased and fail to take account of significant achievements that do not lend themselves to numerical counts. Bias may occur if the evaluation is done by the program administrator, who assesses his own objectives, methods, and results. Often he is asked to prove the value not only of time, effort, and money, but also in many cases, ironically, of his own ideas, objectives, and abilities. For many new programs, specific objectives are not set up in advance but are selected by the program's initiator and administrator. That is, the program administrator determines the specific objectives to be accomplished based on funding, personnel, time, and program content. These specific objectives are often loosely defined and vague in terms of evaluation.

Program administrators, particularly at the lower or middle management levels, also have to play the numbers game. What is important is not to assess the human benefit, but to answer "How many?" Administrators are forced to indicate how many pamphlets were distributed, how many referrals were made, how many people attended a film showing. Program administrators are seldom asked questions such as the following: Did the family change its behavior patterns? Do its members understand the value of immunizations? Did Mrs. A have the Papanicolaou smear? Did Mr. B clean up the potential rats' nest in his backyard? Did the city tear down the unsanitary and unsightly house? Did the health department change the hours of the neighborhood clinic? The numbers in answer to these questions may be small but very meaningful.

But numbers for the Erie County health guide program are nevertheless available. During the 12 months from July 1970 through June 1971, health guides visited 9,197 families for the first time and made 35,678 second visits, for a total of 44,875 visits. During the first 6 months of 1971, the guides were in contact with 66,997 people. They made 12,184 referrals to the county health department and 12,007 referrals to other community agencies. Periodic evaluations of the program have shown that health guides were helpful in getting immediate aid for more than 50 percent of the families they visited. These evaluations also revealed that the guides were effective in reaching people, teaching them, and motivating health actions, as well as in encouraging followup of health problems. And, perhaps most important, they were able to motivate many families to take care of their own health problems—a desirable and anticipated result of the program.

The more meaningful data about the successes of the health guide program, however, are reflected in individual instances of problem solving by the guides. Their efforts brought about results such as the following:

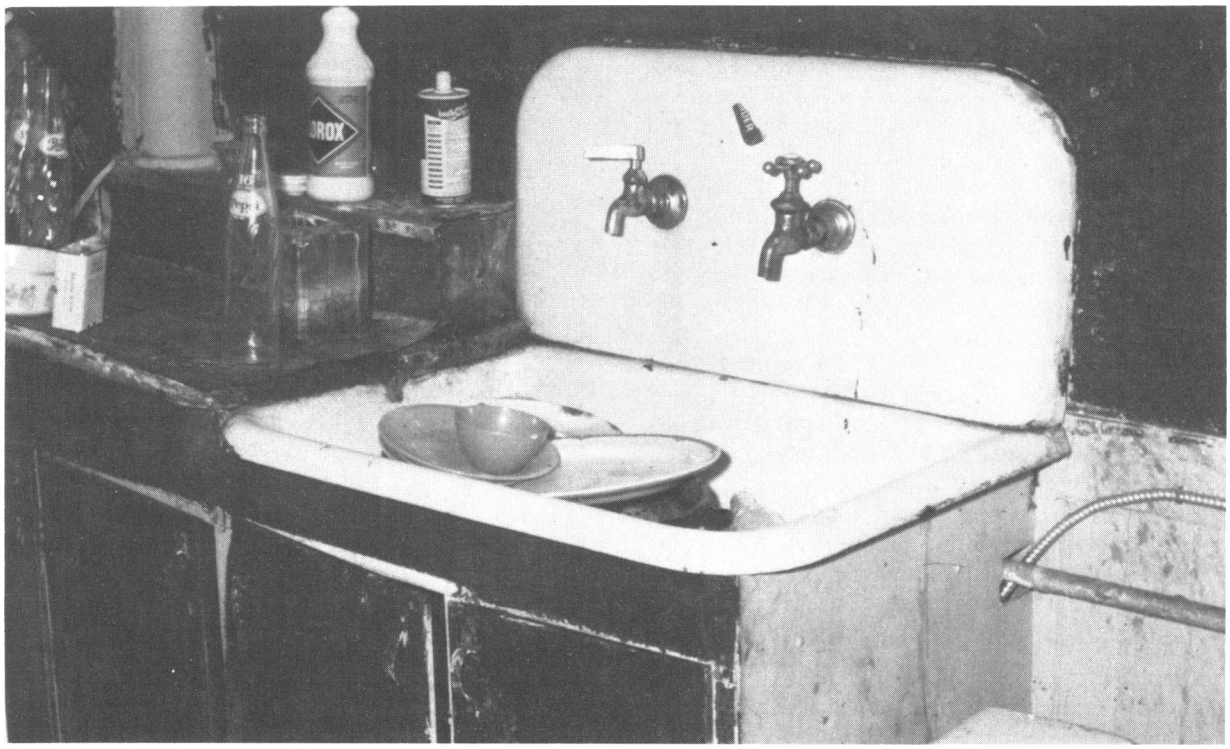
Improving a family's apartment. It was the health guide's first visit to Mrs. A and her four children. The guide asked a few questions, but the family seemed to have no problems. She started to leave, when suddenly Mrs. A wanted to talk. . . The wiring was unsafe, the rooms needed painting, the porch and door were broken, and the apartment was infested with roaches. Mrs. A was deeply discouraged.

The guide went into action. Housing inspectors visited the apartment and directed the owner to make repairs. He complied.

After a return visit a month later the health guide wrote: "I found Mrs. A much happier. She said she did not want to move. Her house is in good condition. Her children's health is good. I am happy that we could help her."

Reducing "a catalog of troubles." Mrs. M had a whole catalog of troubles—serious eye trouble, house in disrepair, little money. She had recently lost money to an unscrupulous repairman.

The health guide sought information from two lawyers and the office of the Social Security Administration, the county department of social welfare, the county assessor, and the county clerk. This persist-



Sink needing repair in home visited by health guide

ence on the part of the health guide paid off.

Mrs. M was given supplemental financial aid and fitted for new glasses, which gave her sight in one eye. She also obtained help and guidance from the homemakers service.

"This woman, who was so much in distress," wrote the guide, "and with no one to turn to, now has a new outlook on life. She is healthier, much, much happier, has a transformed appearance, and gives continuous praise for the health guides—'May God praise them.' "

The guide added: "Many weeks of hard work involving trips, expenditures, frustrations, disappointments, and inconveniences but a very happy ending for the client, and for the health guide—the satisfaction of a job well done."

Helping unmarried mother with too many children. Miss X was in a very depressed state when the health guide first began working with her. Unmarried, she had four children and no intentions to marry. The family was on welfare.

"She started to open up and tell me her problems," said the guide. "Just knowing she had someone to listen was a tremendous help to her."

The guide motivated the young mother to clean up her apartment and to dress herself and her children more neatly. Roaches in her apartment were exterminated, and housing inspectors convinced the landlord to paint and make essential repairs.

Miss X's spirits lifted. Talented as an artist, she even presented a large painting to the guide as a token of appreciation. "She was well on her way," said the health guide.

But complications arose. One pregnancy followed another, and by early 1971, Miss X had seven children, most of them by different fathers. Yet she still maintained a neat apartment and took care of herself and her children. She often told the guide how appreciative she was of the help she had obtained.

Says the health guide: "I was there when she needed someone. Maybe I failed in getting her to stop having babies, but I did help her in other ways, when she thought no one else cared."

Easing family situation after father's death.—Both Mr. and Mrs. W worked. Eight of their 10 children lived at home. The father's poor health, however, forced him to quit work. Soon afterwards, the mother quit work, too, in order to care for her husband and family. She didn't know where to turn for aid.

The health guide, learning of her predicament, managed to obtain help from several agencies. The mother found a part-time job and little by little managed to whittle down her bills.

The mother again needed assistance when the father died. Yet, in spite of all the family's problems, the guide sounded an optimistic note: "She [the

mother] needed a little guiding, but I think everything will be OK."

Mother of seven, with mental and financial problems. Mrs. C, 28 years old, had seven children. She had once been refused welfare assistance and had been sent back to her native Mississippi. She nevertheless returned but suffered a nervous breakdown. She recovered and was released from the hospital.

The caseworker found Mrs. C to be a very dedicated mother, interested in her children's welfare. She was particular about their manners and neatness. But she had financial problems.

The health guide asked the Erie County Department of Social Services to pay a $148 gas bill Mrs. C owed, and it did. Several organizations contributed food and money to the family. The health guide also attempted to iron out a problem between Mrs. C's 12-year-old son and his school teacher. The guide was still working with the family when she wrote: "Mrs. C has improved mentally and has shown a great improvement domestically. Her greatest needs now are a washing machine and adequate housing."

Helping family obtain health services. Health services were the biggest need of Mr. and Mrs. J and their nine children, one of whom had a bone disease. His disease was cured in visits to the local children's hospital.

Later the health guide learned that Mrs. J was pregnant again. She referred the mother to such agencies as the Family Service Society, which would care for her children while she was hospitalized and her husband worked, and to health clinics in her neighborhood and to Planned Parenthood clinics.

Said the guide: "Mrs. J appreciated the program because she took advantage of the many, many health services that otherwise were unknown to her and her family."

Flexibility is Essential

Flexibility has been an important factor in the success of the Erie County health guide program. Changes are made in the program whenever indicated, since exploration and experimentation are considered vital. The health guide units, for example, instead of being based in county buildings, are located in churches and community centers in the areas they serve. The activities that the units carry out vary, depending upon the local situation. Activities may be concentrated on a single program—as required from time to time and place to place—for example, on rodent control. The health guides periodically conduct special studies on subjects such as housing and recreational facilities. And each month they now distribute a different printed health message to their assigned families. In May 1971, for example, the message was:

"Do you have any questions or problems concerning dogs? If you do, here is some helpful information." Three agencies, with their phone numbers, were then listed which could help with specific problems with dogs.

Special committees of health guides were appointed in December 1970, which have met to discuss various problems and proposals and to make recommendations in such areas as career development, communitywide health needs, new concepts and ideas, and orientation and training.

It was recommended, for example, that additional inservice training would be helpful. One session was held on motivation. Others are planned on such subjects as the best approach to families, recordkeeping, and the principles of health education. One committee identified a sliding scale of fees for a dental clinic as an area need. A petition was circulated within the community requesting such a scale and has been submitted to the administrator of the clinic. Another committee recommended that the number and use of recreational facilities in the area served by health guides be reviewed, and such a review is now being done.

To meet changing needs, plans are underway to train our health guides so that they can talk to small groups, using audiovisual aids; to assign guides to city blocks where they may become leaders in solving health problems; to concentrate printed materials so that they may be distributed from one health center; and to emphasize the referral of residents to special community clinics. Questions have been raised as to whether a printed or a verbal message is more effective in motivating a family to change health behavior patterns. Also, can people be motivated to attend a special community clinic, for example, one for cancer detection, a dental clinic or similar clinic set up by the county health department or other agency?

In the Beginning and Now

New programs usually run into some difficulties. In the beginning, the Erie County health guide program had no funds for supplies or rent, only for salaries. Lack of clerical help was also a severe handicap. Because of it, reports were late, data were collected and not used, and implementation of planned activities was delayed. The health guides at first had no fringe benefits and only limited funds for transportation. They were

Health guide (second from right) availing herself of services of clinic to which she refers others

also fearful about the program's future.

Today, however, office supplies are available, telephones have been installed wherever the guides are based, and the clerical staff of the office of public health education and information has assumed responsibility for providing clerical help. The guides have paid vacations and sick leave, workmen's compensation, and should they wish, retirement and social security benefits and hospitalization. They also receive funds for bus transportation. And they have come to understand better the complexities of medical care so that they now fully support the objectives of the health guide program and the health department. Working relations among the health guides, supervisors, and office staff are good. Problems arise, of course, but they are recognized, studied, and solved.

Staff loss in the program has been small. In 4 years, three supervisors have left for better full-time positions or, more important, to return to college. Only about 15 health guides have left the program, mainly to take full-time positions, to return to school, or because of illness.

There are now 85 health guides in Erie County. All are in grade 1 of the county's civil service job classification system. For the fiscal year ending June 1971, guides in the first of the five steps at grade 1 were to have been paid $2.02 an hour. That figure has recently been raised to $2.20 an hour, effective retroactively to April 3, 1971, and on January 1, 1972, the hourly rate is scheduled to go up another 6 percent.

Recommendations for Similar Programs

For others who are planning to establish programs using nonprofessional workers, some recommendations may be in order, based upon our experience in Erie County.

1. Include, in the initial budget, funds for office space, supplies, equipment, materials, and clerical staff.
2. Be sure to give supervisors and the nonprofessional workers full opportunity to participate in the program.
3. Prepare for, expect, and accept change.
4. Work closely with professionals but be willing to go it alone when others do not follow through.
5. Expand your activities so that they reach all low socioeconomic areas, whether urban, suburban, or rural.