

Training of Auxiliary Personnel In Health Education in Brazil

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THE SERVIÇO ESPECIAL de Saúde Pública (SESP), the agency within the Brazilian Ministry of Health which administers and operates the cooperative public health program of the ministry and the Institute of Inter-American Affairs, offered a 6-month course for training auxiliary personnel in health education in 1953. This short, intensive course was SESP's answer to the problem of obtaining specialists in health education for its staff.

Although it is the philosophy of SESP that all members of its health center and hospital staffs carry on health education activities in conjunction with the provision of services, it had been apparent for some time that persons with special training in health education who could devote full time to such activities were needed. It was recognized that such persons could help the staff do an even better job of education and

could also carry on certain complementary activities within the community, such as interpreting to the people the services available at the health center and assisting community leaders to assume greater responsibility for the solution of health problems.

Persons with master's degrees in health education, however, were and still are virtually unavailable in Brazil, and even were they available, their employment would be economically prohibitive in many of the small health centers in the rural areas. The only professionally trained Brazilian health educator in the country today is on the staff of the University of São Paulo School of Public Health, and only two more will be available by the end of the 1953-54 school year, one of whom will be assigned to SESP and the other to the national malaria service. Moreover, the number of persons who can qualify for graduate training in health education is limited, and for such training they must go outside Brazil. In view of these facts, the utilization of nonprofessional, or auxiliary, health education personnel was indicated as a partial solution to the problem.

Because of a shortage of professional health personnel, as well as limited funds in many areas, SESP has used auxiliary personnel extensively. For 10 years, it has trained and employed auxiliary visiting nurses and laboratory and sanitation personnel for its large network of health centers, and, recently, auxiliary nurses

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for its rapidly growing system of hospitals. Thus, SESP has had considerable experience in both the training and utilization of nonprofessional personnel.

Since the University of São Paulo School of Public Health offered a 1-year undergraduate course in health education, SESP first sought to obtain persons who had taken this course, rather than to provide training itself. Three such persons were employed, but their stay was brief. Accustomed to life in the metropolis of São Paulo, a city of 2 million people located in a rich and progressive area of the country, they were not content to remain long in the interior of the country, where their assignments took them.

The next obvious step was to select persons from the areas in which they would eventually work and send them to the school of public health. This plan proved unsuccessful because the entrance examinations were too difficult for a majority of the candidates from the interior. SESP therefore finally decided to devise and present a training course for health education auxiliaries as it had already done for auxiliaries in other fields.

The Experiment

The professional staff of the health education and training division of SESP, who developed and presented the training course, consisted of 4 Brazilians—2 physicians, an educator, and a rural sociologist—and 2 consultants from the United States—a cultural anthropologist and a health educator. Working as a team, they planned, organized, and directed the course, and additional teachers were recruited for various phases of the training.

Students were recruited by the health centers in the areas in which they were to work, thus minimizing the possibility of their becoming unhappy with life in the interior. Candidates were given a written test followed by a personal interview, and only the best qualified were accepted for the course.

The seven SESP candidates who were accepted had completed secondary school—9 years of education in Brazil—and two of the group had had both teacher training and experience in teaching. In addition, 4 auxiliaries were

trained for 2 State health departments, and 2 for the national malaria service. Two persons with a university background also took the course and completed additional special assignments. They will serve as supervisors for several auxiliaries in the SESP field programs.

The course was divided into three periods: (a) 1 month of observation in the student's local health unit; (b) 4 months of classwork at the SESP headquarters in Rio de Janeiro, including lectures, demonstrations, roundtable discussions, seminars, laboratory work, role playing, and field trips; and (c) 1 month of closely supervised field work in 1 of 2 SESP health centers.

It was believed that a month of observation would make the academic work much more meaningful since most of the group had not had direct contact with the health service. The classwork included 500 hours of instruction in the following subjects: anthropology, bacteriology, biology, community organization, didactics, epidemiology, first aid, health education, nutrition, parasitology, personal hygiene, psychology, public health administration, recreation, sanitation, school health, sociology, and statistics. Naturally, only basic facts were taught in some of these subjects, whereas in key subjects, such as health education and community organization, considerable detail was given.

It had been planned to use the problem-solving approach as the basis for the entire course, but, because of the differences in the backgrounds of the students and the gaps in their knowledge, it was decided to combine this approach with the lecture-seminar method. Informality was the keynote, and student participation was encouraged. During the last 2 months of the classwork, the students spent a great deal of time practicing leading of and participating in various types of conferences and meetings, with fellow students offering criticisms and suggestions.

During the supervised field work, the students had an opportunity to put into practice what they had learned in the classroom. They held numerous conferences with the staff members of the health unit to learn about their programs, problems, and interests, and helped them in planning educational aspects of their work.

They went into selected parts of the community to work with community leaders in developing plans for health betterment (plans which are now being executed with the aid of the auxiliary personnel permanently assigned to the area). They also worked with such organized community groups as parent-teacher associations and stimulated the formation of several other such groups. The staff of the health education division supervised the work of the students during this period.

Results

Because there were still so few of them, it was decided to place the health education auxiliaries on the SESP's district health teams, until then composed of a health officer, a nurse, and an engineer. These district teams serve an average of 4 or 5 counties, giving consultant service to all the health centers and subposts in that district.

Thus, as a result of the training course, 7 of the 12 district health teams of SESP's field programs now include a full-time auxiliary in health education. It is planned to provide the remaining teams with auxiliaries as soon as additional personnel are trained. It is also planned to add auxiliary personnel in health education to the staffs of the larger health centers.

The health education auxiliaries are supervised by the head of the health education section of each SESP field program, who is either a physician or one of the university-trained persons mentioned above. The State health education sections, in turn, receive assistance from the health education division of SESP in Rio de Janeiro.

Evaluation

In evaluating the course, it was obvious that the 1 month of field training was inadequate, and it is believed that this period should be increased to 3 months. It was also recognized that more teachers were employed than were really necessary, and that more emphasis should be placed on the social sciences. These weaknesses will be corrected in the second such

course which is to be conducted in 1954 in collaboration with the health department of Rio Grande do Sul for training auxiliaries in that state.

Although it is too early to evaluate fully the contributions which these auxiliaries will make to the public health program of SESP, there is every reason to believe that they will prove as effective as have auxiliary personnel in other fields. There is already more interest in and appreciation of the educational aspects of the program than existed heretofore. With this resource person available, the staffs of both the district teams and the individual health centers are giving more attention to educational activities and are planning ways for increasing and improving them. Community leaders and groups are participating more actively in health matters, and the schools are finding another ally in the health center to assist in their health programs.

The following may be cited as examples of the contributions of the health education auxiliaries: In the huge Amazon River area, they helped the staffs of the health centers prepare an organized plan of health education activities for each health unit. In a tiny village in another area of the country, they assisted community leaders to secure funds from the townspeople for a small health post manned by a private doctor from a nearby town. In a third area, they taught the health education portion of the training course for auxiliary nurses. In many areas, they have stimulated the formation of parent-teacher associations, mothers clubs, sewing clubs, and school health clubs, and they are giving guidance to these organizations in developing health activities.

Conclusions

In a country such as Brazil, where professionally trained health educators are almost entirely lacking and where the economy of some areas cannot support highly paid professional personnel, full-time health education auxiliaries on the staff of local health service can make definite contributions to that service and to the community. Such auxiliary personnel, of course, must have adequate supervision on a continuing

basis from professionally trained health educators.

As an initial approach in the training of such auxiliaries, an 8-month course is suggested: 1 month of observation in the health service where

they are to work; 4 months of intensive class-work, emphasizing social sciences; and 3 months of closely supervised field experience in a health service and community typical of the country concerned.

Laboratory Refresher Training Courses

The Communicable Disease Center of the Public Health Service will present the following laboratory refresher courses at Chamblee, Ga., during 1954-55:

Laboratory diagnosis of bacterial diseases:

September 13-24: General bacteriology (part 1).

September 27-October 8: General bacteriology (part 2).

October 18-29: Enteric bacteriology.

Laboratory diagnosis of parasitic diseases:

September 18-October 8: Intestinal parasites (part 1).

October 11-29: Blood parasites (part 2).

Laboratory methods in medical mycology:

November 1-12: Cutaneous pathogenic fungi (part 1).

November 15-26: Subcutaneous and systemic fungi (part 2). Part 1 or the equivalent is a prerequisite for this course.

November 15-26: Laboratory diagnosis of tuberculosis.

November 29-December 10: Laboratory methods in the study of pulmonary mycoses.

December 13-17: Laboratory diagnostic methods in veterinary mycology.

The following courses will be presented at the Virus and Rickettsia Laboratories, Montgomery, Ala.:

October 18-22: Laboratory diagnosis of rabies.

March 14-18: Laboratory diagnosis of rabies.

October 18-29: Laboratory diagnosis of viral and rickettsial diseases.

March 14-25: Laboratory diagnosis of viral and rickettsial diseases.

The following courses will be presented by special arrangement:

Laboratory diagnosis of malaria.

Virus isolation and identification techniques.

Laboratory diagnosis of influenza.

Typing of *Corynebacterium diphtheriae*.

Special problems in enteric bacteriology.

Phage typing of *Salmonella typhosa*.

Information and application forms should be requested from Laboratory Training Services, Communicable Disease Center, Public Health Service, P. O. Box 185, Chamblee, Ga.