

Health Education Aide Trainee Project

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IN SEPTEMBER 1967 the California division of the American Cancer Society (ACS) began a 2-year project on the use of indigenous nonprofessional health aides. The HEAT (health education aide trainee) project was initiated to assess the role of these aides in local branches and to analyze the specific health education work they could perform that could not be done as effectively by professional health workers or volunteers in a voluntary health agency.

A project coordinator was retained from the University of California School of Public Health to collect data on the use of indigenous nonprofessional aides in other programs and to discuss the implications of this project with workers in the participating ACS branches.

After extensive screening by the health education director of the ACS branch, the project coordinator, and the executive director of each cooperating ACS branch, four aides—all women, 23, 33, 35, and 36 years old—were selected to work with certain ethnic minority populations in the San Francisco Bay Area communities. The aides were to determine the needs of the residents and help them modify their behavior concerning cancer; that is, seek early diagnosis and care of the disease.

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The use of nonprofessional aides in health programs is not new. American Indians have worked as health education aides on their reservations since the mid-1950's (1). Community health aides have been used in California since 1961, particularly in areas with large numbers of migrant agricultural workers (2,3). The Office of Economic Opportunity (OEO) has used community aides in urban health programs to improve communications with disadvantaged families. "They [the aides] possess the precious empathy too often missing among middle class health workers and can serve a vital function as a bridge between patients or potential patients in need of health services" (4).

HEAT Objectives

The objectives of the HEAT project are (a) to delineate the role of the paid aide from that of the volunteer and the paid professional staff workers in the agency, (b) to provide operational guides for the use of paid aides in public educational programs for the American Cancer Society, (c) to develop suitable training guides for use in several volunteer health agency settings, and (d) to demonstrate the possible areas of career development for indigenous persons in such agencies.

Criteria for Selecting the Aides

Carefully phrased job descriptions and criteria were developed for selecting the aides. The general criteria included ethnic and residential affiliations as well as personal criteria. Primary consideration was given to residence; the aides

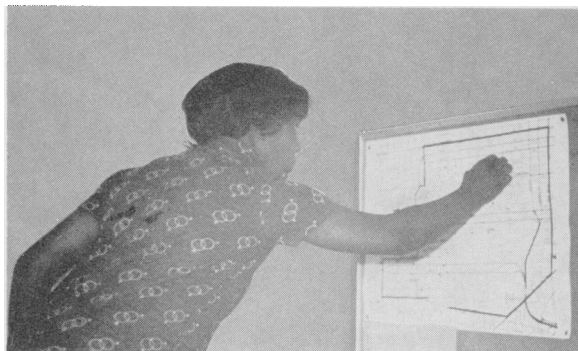
had to be indigenous to the population they would serve. They had to have a minimum of 2 years in high school. The sex of the aide was considered only in achieving the success of the program. For example, women were considered to be much more effective than men in Papanicolaou smear programs. Initially, age was thought to be important. We assumed that only persons over 30 years old should be selected, but the maturity of the person was later found to be more important, coupled with the ability to learn, a warm personality, and a desire to help others.

Each branch was requested to analyze the needs of the bay area communities they served, review branch objectives, and develop a set of behavioral objectives for the aides (5, 6).

Job Description for Aides

The project's job description for health aides lists the following activities:

- Aides search out health information about persons, groups, or agencies in the target communities. This information often gives clues to the knowledge, attitude, and behavior of the target groups about specific health problems or programs on which the aides are working.
- Aides identify community health resources, opinion leaders, and influential groups on health matters, informal and formal communication systems, and medical, dental, and social services and facilities in their communities. They interpret ACS programing and the nature of cancer to the residents of communities to encourage their understanding, support, and participation in the work.
- Aides recruit and train volunteers for various aspects of education programs and help to supervise them. They recruit volunteer residents to host meetings and jointly with these hosts arrange the time, place, and agenda for these meetings.
- Aides discuss cancer informally with small groups. They arrange for films and physician speakers about cancer. They operate audiovisual equipment including slides, filmstrips, and motion picture projectors and train volunteers in these procedures. They clean and repair the film if necessary.
- Aides motivate cancer patients as well as other community residents to take advantage of



Health education aide pin-marking a community map.

multiphasic and other health screening activities conducted in mobile vans in the various communities.

- Aides obtain specific information for the education secretary of each branch on booking films, equipment, materials, speakers, or whatever is needed for persons or groups that request education programs. After the programs have been presented, aides obtain information on attendance, number of showings, and audience reaction, which the secretaries need for weekly reporting of activities and program evaluation. The collected data are used to modify programs if necessary but, more important, to learn if women are getting Papanicolaou smear tests after exposure to programs.
- Aides work with the health education director and community residents to develop and pretest new education materials tailored to their particular communities and to develop and pretest new methods for recruiting and training volunteers in the communities.
- Aides refer clients to service departments. They visit cancer patients to discuss problems for referral to service departments. They deliver dressings to cancer patients, shop for them, and help them in the home. They take requests for sanitary equipment and sickroom supplies. They refer women who wish the service to the Planned Parenthood League.
- Aides help residents make and keep medical appointments. They arrange the necessary followup visits to help these residents seek and obtain medical care. They arrange for child care. And they arrange for transportation.
- Aides keep ACS staff workers, particularly the education director and secretary of each

branch, informed of their activities through regular conferences and reports, memorandums, and telephone calls.

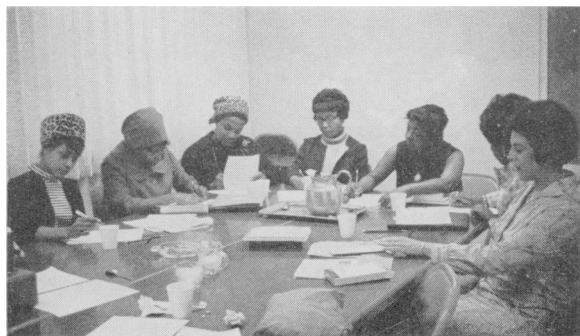
- Aides promote and maintain good working relations with other neighborhood workers and voluntary health agencies by keeping them informed of ACS activities through regular meetings and reports, memorandums, and telephone calls. Whenever appropriate, aides coordinate activities with these agencies. They assume responsibility for records, reports, visits, and interviews.

The job description also specifies that aides should carry out their job responsibilities in a business-like manner. Other general directions are to dress appropriately, be clean and neat, keep appointments punctually, know and follow office personnel policies, and keep whatever information they obtain confidential. Aides also must work flexible hours including evenings and weekends if necessary.

Training

Recruitment and training of the aides were discussed in a series of meetings with ACS branch executive directors and the director of health education, who would supervise them.

The project coordinator developed the training program in consultation with participating branch workers and senior investigators. Faculty members were experts in the needed subjects as well as in their ability to teach. The training sessions, conducted as informally as possible, were held during the mornings of working days for 3 weeks in January and February 1968. Teaching techniques included lectures and discussions, films and other audio-visual devices, and group dynamics (see box).



Health education aides attend a meeting

An in-branch training period for the aides followed their initial training. The aide originally selected by the executive director of each cooperating ACS branch was reassigned to him and given more specific training pertaining to the work of the branch. She has become progressively independent of supervision, yet her supervisor is always accessible for guidance and direction.

The aides submit weekly reports in their own format, which enables them to work with a greater degree of freedom. Weekly consultation with the project coordinator also is available to the aides. Monthly rather than weekly consultations were held during summer 1968, but additional consultation was available as needed.

After the first quarter of employment, the aides and supervisors reported their progress and specified plans for activities during the next quarter.

In June 1968 a 1-day seminar on interpersonal communications was held, in response to the requests of aides and supervisors, on how to handle hostility and emotions in difficult situations, how to give and receive help, and how to determine psychological climates. The seminar included a "role-play" situation concerning a hidden agenda at a committee meeting. The reactions to the June session were highly favorable.

Other training needs, such as a seminar on how to work with volunteers and a seminar in research design and methodology to test various methods of communication within a community, were identified in a December 1968 meeting.

Aides' Accomplishments

Some aides have become quite knowledgeable about medical care and its cost within their areas. Formal and informal meetings with other service agency workers have led to educational programs for CAP (community action program) workers in one community and for persons employed in a State of California multi-services center (housing, welfare, legal aid).

The aides developed special maps by walking through communities and identifying residential, industrial, and commercial sites, and churches, clubs, and other informal meeting places. They recruited volunteers to assist them

in their mapping. In some areas the Neighborhood Youth Corps assisted in the work; in others, young mothers and older people helped with the work. The aides also have developed posters, exhibits, lesson plans, and flip charts.

Small shopowners have invited them to leave posters and pamphlets and announcements of

community meetings related to cancer education. The aides have become well acquainted with the residents of the communities they serve. They know who the actual community health leaders are; these are not necessarily residents having club, office, or church titles.

The aides have conducted classes with OEO

Training Agenda for HEAT Project

DAY I

1. Introduction and purpose of project
2. How you can contribute to the project
3. Historical development of the American Cancer Society
4. Organizational structure of the American Cancer Society: national, State, local
5. Norms of behavior and traditions within the American Cancer Society
6. Why the American Cancer Society?

DAY II

7. What is cancer? An overview
8. Cancer quacks and fraudulent methods of treatment

DAY III

9. Feelings and apprehensions related to cancer and the American Cancer Society
10. Physiology

DAY IV

11. Physiology

DAY V

12. Who gets cancer? Where?
13. How effective is treatment?
14. Northern California Public Health Association meeting: use of aides

DAY VI

15. Review of week I; preview of week II
16. American Cancer Society standards and personnel policy
17. Financial responsibility: budgets—where funds go—how used
18. Governing requirements: national, State, and local branches

DAY VII. COMMUNICATION AND YOU

- 19.. In the branch with colleagues, superiors, volunteers, community

20. With field representatives and division staff
21. With personnel and staff of other agencies

DAY VIII. COMMUNICATIONS AND HUMAN RELATIONS

22. Communication behavior within ourselves
23. Communication behavior with others

DAY IX. COMMUNITY SURVEY

24. Identification of community: geographically, population characteristics, and health problems
25. Using the data

DAY X. COMMUNITY ORGANIZATION

26. Identification of community resources: medical, dental, and social
27. Identification of groups and leaders within the community
28. Techniques of community resource utilization

DAY XI. ORGANIZING COMMUNITY MEETINGS

29. What kind of meetings? Why hold meetings?
30. Building an agenda
31. Modifying an agenda

DAY XII. CONDUCTING MEETINGS

32. Contacting people in the community
33. Unexpected events at meetings

DAY XIII

34. Overview of educational tools: films, filmstrips, pamphlets, radio, television, exhibits, posters
35. Why used? Where, when, and by whom?

DAY XIV

36. Aide tasks: behavioral objectives
37. Individual consultation: trainees, supervisors, and project coordinator
38. Summary and prognosis

DAY XV

39. Report for in-branch training

sewing groups, an Indian intertribal council, and numerous church and social clubs. One bilingual aide has worked exceptionally well in English-Spanish classes on uterine cancer. An English-Spanish manual on behavior in medical care facilities is now being developed with her help.

The aides have attended professional meetings of other agencies, such as the Society of Public Health Educators and the Northern California Public Health Association. At each meeting, one aide or more has participated in a professional panel on education. They also took part in a professional education course designed to help develop executives for voluntary health agencies. The course was sponsored by the Program of Continuing Education in Public Health, western regional office, American Public Health Association.

All the aides who entered the HEAT project have returned to school and are continuing their education. One aide, majoring in health education, has nearly completed her junior year at a State college. Another has finished work toward an associate in arts degree and is attending classes part time at another State college. A third aide has completed the GED (general education development, an equivalency criteria for the high school diploma) requirements and is seeking matriculation into a junior college. Obviously, the aides have developed personally and professionally within a comparatively short period.

Implicit in this experiment is full financial support of the aides by the branch staffs following conclusion of the research period. If a branch staff think their aide is performing satisfactorily and is of value in health education programs, then that branch staff will ask the aide to remain with the group, and the branch becomes totally responsible for the future employment tenure in this type of career programing. Currently, the aides are supported financially by an ACS California division research grant to the University of California.

The ACS project was approved for 24 months. The second year is focused on continuation of the program beyond first-year activities, administrative analysis and evaluation of the work, and development of a traveling seminar within California to explain

the successes and failures of the project to other ACS branches and interested voluntary health agencies.

The American Cancer Society would like to present a major training conference following the initial HEAT model. Aides selected by a number of voluntary health agencies and ACS branches would be trained as health education representatives and returned to these hiring agencies for employment.

Summary and Conclusions

Four health education aide trainees, supported by a 2-year project of the California division of the American Cancer Society in cooperation with the University of California, are helping certain ethnic minority groups in San Francisco Bay Area communities to modify their behavior concerning cancer; that is, seek early diagnosis and care of the disease.

The investigators have learned that paid indigenous nonprofessional aides perform well as communicators and educational representatives in a voluntary health agency. They have found that substantive methodology can be given, absorbed, and implemented by the aides in a short period if the training techniques and materials are well planned and organized with the recipient in mind.

Stating the behavioral objectives of their tasks to the aides has increased their chances of success in practice, has reduced supervisory time, and has increased ease of evaluation. The aides have relieved ACS professional workers of numerous duties and have helped many residents of the bay area communities.

Through training and service, the nonprofessional aides have been motivated to return to school and to increase their educational and professional opportunities. This motivation obviously has significant "spillover" effects in our current social order.

The major demonstrable values of the HEAT research project include health education and services for the people who need them most, greater understanding between the people who are served and the professional health worker, and time that the professional worker is able to use more productively.

Both the aides and the professional supervisory staff have learned much during the

project about the communities they serve. The participants consider the training program to be a highly successful venture. This view is shared by the program sponsors.

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