health aides

Perception of Functions of Health Aides by Aides Themselves and by Others

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THE NEED to analyze critically the delivery of health services, as well as the use of those services, is well documented—for example, in a report by the National Commission on Community Health Services (*1*). Community health aides have been able to assist organizations in planning, implementing, and evaluating their services. In many communities, they have helped improve communications between organizations and their clients (*2*). Having grown up in the community, the aides understand the environment and the beliefs of the people about health. They are also aware of the barriers to communication which have interfered previously with the delivery of health services. Nevertheless, the employment of community health aides has brought a variety of reactions from staff members of health agencies, and the several interdisciplinary working relationships with these aides need to be carefully assessed. To clarify these relationships, we have therefore attempted to view the functions of the community health aides as perceived by the aides themselves and other health personnel.

General Role of Community Health Aides

The community health aides with jobs in health agencies usually know more about the specific target group the agency is trying to reach than anyone else in the agency since they belong to it. The aides have probably acquired their skills through life experiences rather than in an academic setting. And, with appropriate orientation and training, they can acquire the necessary health information to add to their already rich understanding of the group in need of health care.

Health aides carry out a variety of functions. They perform some tasks in support of other staff members. Other tasks are performed in direct relations with clients. For a description of how one aide, who may be considered typical of the health aides of the Santa Barbara (Calif.) County Health Department, regards her role, see page 769.

Supervision of Aides

The supervisor needs to see his relationship to the aide within the context appropriate to the occupational designation of the particular aide, that is, according to whether the auxiliary worker is a "routine aide," a "program aide," or a "policy aide" (*3*).

The supervisor of the routine aide would probably function in the traditional vertical plane of supervision, setting down specific tasks for the aide and seeing that they are accomplished. Such a relationship allows little opportunity for initiative on the part of the aide

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or for creative working relationships. In supervising this task-oriented aide, the supervisor would likely realize that the aide need not be particularly familiar with the agency's policies since such a worker functions only as an extension of the professional.

The supervisor of the program aide, on the other hand, approaches the aide as a colleague. This relationship is on a horizontal, rather than on a vertical plane since the program aide is an active accepted member of the team (*3a*). In delivering health services, the supervisor needs to appreciate fully the aide's capabilities and try to help all staff members to utilize this uniqueness to the fullest extent (*4*). Being a team member, the program aide interacts with all members of the staff in planning, implementing, and evaluating the agency's program. Nevertheless, the supervisor of program aides—whatever professional discipline he represents—must also assist them in understanding that, administratively, there is always a vertical relationship.

Policy aides (*5*) are not yet used by most health agencies although such workers could make a valuable contribution. Policy aides are community-based auxiliaries who, at the policy-making level, assist in shaping an agency's course of action. It is true that a few health agencies have added to their boards of directors persons from minority groups in the community. It is not always clear, however, whether these persons have been added for their "color" or because the agency truly seeks their help in changing policy. Experience in some of the agencies which have employed policy aides suggests that, if properly used, they can contribute to policy changes.

Aide's Role With Health Educators

Historically, most of the community health aides from migrant groups have been supervised by health educators (*6–9*). The tasks they perform therefore have related directly to the health education programs of the agencies. Following are some of the functions which health educators believe aides can perform:

1. Assist in planning, implementing, and evaluating programs.
2. Act as health host or hostess, informing new residents about community resources and making referrals for obvious, immediate health problems.
3. Identify and refer patients with problems and act as a liaison between the patient and the community.
4. Teach desirable health behavior and preventive health behavior to individuals and to groups.
5. Survey and document community needs and resources.
6. Assist in organizing the community by finding or developing leaders and helping to staff local committees.
7. Train other personnel, including orientation of new staff and the training of other aides from both within and outside the agency.
8. Prepare health information materials, translating these materials into the language and culture of the community.
9. Assist in audiovisual programing.

These tasks will relate to the educational components of whatever disciplines are operating within the health agency. But the tasks may be modified or expanded, of course, in accordance with the program objectives of the particular discipline.

Aide's Role With Public Health Nurses

Public health nurses find community health aides very useful in assisting in the clinic and making home visits to clients. The aides can extend the nursing service; the nurses assign them specific patients whom the nurses consider they are qualified to handle. In these patients' homes, the aides carry out standard procedures and reinforce the directions given the patients by the physician or nurse.

In the clinic, the aides are given roles as assistants, with emphasis on communication, but they also share other responsibilities. They can prepare and tear down clinic setups (physical arrangements), make appointments, greet patients, and assist in taking histories. They may pull immunization cards, X-rays, file folders on families, and other needed pertinent materials. During physical examinations or treatments, they may be required to interpret to the patient and to explain the physician's recommendations for followup. Also, they may be required to arrange transportation for the patient so that he can fulfill the physician's recom-

This is our job. It has its own magic about it . . .

This job that I have is a very profitable one for both me and my people. Profitable not in measures of money, but knowledge and experience. For everything I learn, everything I experience working in the clinic and in the field affects everyone I come in contact with.

From working in the clinic, I learn about working with the professional (e.g., the doctor and the nurse). They, in turn, learn about my people through me. I, in learning from and about the professional, pass this knowledge on. Thus people learn why blood is drawn, why the urine is tested, what the X-ray can show and what it cannot show, why this medicine and not the other is better. They learn also why the doctor orders this test, this medicine, these instructions.

The professional also profits. He learns why this person believes what he does about a particular illness, why he has not had the test ordered, why he has not followed instructions. It is a two-way street, and I in a sense am a traffic light. I signal information back and forth. It is very important for this information to flow smoothly from one end to the other, and this is where I come in. But in order for me to be able to keep the information flowing smoothly, I have to absorb more and more knowledge and skills from both sides of the street to pass it back and forth.

In the clinic, our duties as aides are varied. We are first of all hostesses for the clinic and all it represents. It is our job to see that our guests are comfortable and that they receive the best medical help they can. We guide each guest through the intake procedures, the laboratory work, the immunizations, the X-rays, and on through to the social worker and doctor, explaining the purpose of each as we go.

In order for us to accomplish this, we have undergone and are still undergoing training in clinic procedures and the causes and cures of the various diseases we encounter or are trying to prevent. We transfer what we learn to our patients, explaining as they go through the various clinic procedures. This way they are better prepared to accept the testing, the medicine, the advice that is given. We also prepare the doctor, nurse, and social worker with the patients' views. After all, the patients have a reason for being at the clinic, and it sometimes varies from the one that the clinic has. We have to give the professional the reason for the patient's behavior regarding the treatment he may be receiving.

In our fieldwork we are also hostesses, welcoming our migrant people to our valley, letting them know of our program and how it may help them. We tell them of all that the clinic offers, the laboratory, the medicine, the equipment we have, such as the X-ray machine, the EEG, the hearing and vision screening. We tell them of our social worker—what her job is; we try our best to help with their problems. Our activities are as varied in our fieldwork as are our people's problems. We might have to help explain to someone about their eye problem, kidney, hernia, diabetes, or heart. We might have to help a mother in locating a job, a home, a bed, or food. We might have to accompany still another to the county hospital, welfare department, private physician, or Legal Aid Society. We might have to explain sanitation, mental illness, and many other things that might be alien to our people.

We have to let the people know that many unreachable things are now within their reach. For us to accomplish all this we have our training and our experiences, which have been both good and bad. Our job is not an easy one, and we are rarely out of a crisis period. But we support each other, and our superiors are wonderful. For everything we've learned, everything we've experienced has been with their help. Without them and their understanding we would have been crushed at the start. But they have made us see that the things we go through, the people we meet are all part of life and that going through a crisis enables us to better help ourselves and our people.

This, then, is our job. Sometimes awful, sometimes wonderful—but all the time unbelievable. It has its own magic about it. It seems that what you learn and experience only whets your appetite, and you hunger for more. Maybe this is the greatest facet of our job, helping us to realize what we're capable of, what we can attain if we really want to. For this is what we really pass on to our people.—MATILDA JIMENEZ, *community health aide, Santa Barbara County Health Department.*

mendations. Other clinic duties of the aides may include delivery of samples to the laboratory and attending case conferences as a team member.

Community health aides are the "mirror" of the community and can serve as a "door-opener" for the nurse on home visits. They can help to maintain communication between the nurse and the patient by skilled interpretation of both the patient's and the nurse's language and culture. After the aides become proficient in making home visits and feel comfortable working in partnership with the nurse, they can make visits alone. Thus, the traditional three-way conversation, which is not an efficient nor satisfying form of communication, can be eliminated. The aides can then pay visits by themselves to welcome families and tell them about health resources and to refer patients to clinics and public health nurses. They may also make periodic visits to determine a patient's progress and whether he understands and follows the orders of the physician or nurse. Moreover, when a patient has broken an appointment, an aide may visit him to determine why and to try to assist him in accepting care.

Aide's Role With Physicians

Physicians have often stated that they do not seem to be communicating adequately with their patients even when they share the same language and culture. Misunderstandings arise about physical examinations and their results, courses of treatment, prognoses, or needed changes in a patient's life style. And when there are barriers of language and cultural differences between the patient and the physician, such difficulties are compounded. Physicians, however, who have had the help of community aides have found the barriers to communication reduced (*10*).

The aides can provide the physician with information about the patient and his family which may have a bearing on the patient's health problem. They can interpret the patient's language and culture and, by their very presence, can reassure the patient. Aides can assist the physician in instructing the patient about treatment and seeing that the course of treatment is followed. The physician, in turn, instructs the aides and enhances their skills for their continuing work with the patient or the patient's family.

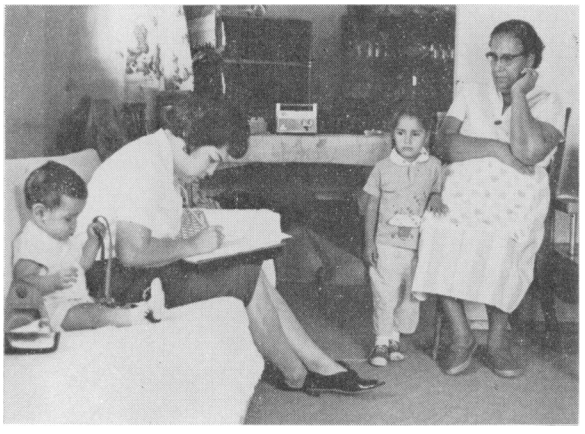
Aide's Role With Social Workers

Social workers find that community health aides are adept in screening clients for eligibility for health and welfare services and in taking family histories in preparation for professional counseling. The aides explore the social conditions which may be at the root of the family's health problems. They make referrals to community agencies, such as welfare and legal aid organizations, and help the staff of their own agency serve the family better. The aides attend conferences about cases and keep up on the patient's status and on what medical, nursing, and social work followup is needed; they then serve as coordinating members of the health team to see that these needs are met (*11*).

Aide's Role With Enforcing Agents

Enforcing agents, that is, health agency personnel functioning under county ordinances, are responsible for protecting the community's health through specific programs such as those for control of tuberculosis or venereal disease and of animal and environmental health programs. An agency whose functions include enforcement of certain ordinances must see that the aides it employs meet the agency's responsi-

Community health aide teaching a migrant woman how to prepare surplus foods



Community health aide interveiwing a mother from a migrant farm family in her home

bilities but at the same time keep faith with the communities they serve. A dichotomy of loyalties can bring about stress if not properly handled.

Aide's Role With Administrators

Some health administrators are coming to recognize the vital role that community health aides can play on the health team and are providing for positions for such auxiliaries in their budgets. Others demonstrate only a limited interest in such aides, perhaps in part because Federal or State funds, especially for specific projects, seem to be increasingly difficult to obtain and they do not know where to find local sources of funding to continue a project after the initial State or Federal funding stops.

When positions for health aides are included in the budget, the provision needs to include job descriptions for the aides and funds for affording them the full complement of fringe benefits, such as retirement, sick leave, and vacation pay, as well as opportunities for further training and advancement. Moreover, as Young and Hamlin have pointed out (*12*), "once these individuals have been hired and trained, the agency and the community have an obligation to see that they continue to be gainfully employed."

Clients Whom Health Aides Might Serve

Health aides have been used mainly in official health agencies to work with the poor of various minority groups. They have often been designated as "indigenous nonprofessionals." But "indigenous" is not synonymous with "indigent" or "impoverished." The needs among blacks and Mexican-Americans have been so great that the staffs of health agencies tend to think only of the indigenous worker from these groups. Every stratum of society, however, has health problems, no matter what the socioeconomic status, and indigenous health aides would be effective in each stratum. We therefore need to define clearly the persons we are trying to reach and select the indigenous worker accordingly.

If we are to increase the effectiveness of our delivery of public health services, consideration must be given to the following categories of persons with problems whom indigenous aides might serve:

1. The prenatal patient who seeks medical care during the last trimester of her pregnancy or at delivery.
2. The teenager who uses drugs, has a venereal disease, or an unwanted pregnancy and needs immediate counseling and care.
3. The lonely elderly person living on a fixed income who is unable to obtain adequate nutrition or adequate medical care.
4. The farmworker's family, newly arrived from Mexico or the South, in which one or more members are sick and whose members do not know where to turn for medical help.
5. The person who is alcoholic and needs support and understanding if he is to "stay dry."
6. The hospitalized patient or the outpatient who needs instruction, assurance, transportation, and other assistance.

These six areas are only samples of the many in which health aides might serve. The trend is growing to include community health aides in all health settings in order to assure acceptance by the community of the agency's services. In each community, we will need to identify the most pressing problems, establish priorities, and then recruit the kind of health aide who seems best suited to deal with the selected problems.

Summary

The community health aide is a valuable adjunct to the public health team. This auxiliary worker may function as a routine task-oriented

aide, as a program aide serving as an active member of the health team, or even as a policy aide assisting the agency in shaping its course of action. The health aides' supervisors, other agency staff members, and the aides themselves have various conceptions of the aides' functions. One Mexican-American migrant aide saw herself as a real "missionary" for her people, who bore considerable responsibility for communicating with her community about health department services and for reporting the people's problems back to the health department staff. She saw this communication as "a two-way street" on which she herself served as the "traffic light." The kind of supervision the aide needs will depend largely upon the aide's functions.

The community health aide's role with the health educator is one of assisting in planning programs, teaching individuals and groups, preparing materials, and interpreting services to the people. With the nurse, the aide works on family nursing problems, both in the clinic and in the clients' homes. With the physician, the aide interprets the physician's observations and recommendations to the patient. With the social worker, the aide assists with family difficulties and with referrals to appropriate agencies.

Administrators have begun to see the value of aides and to provide work opportunities for them. Health agency personnel functioning under county ordinances as enforcing agents need to avoid situations in which the aide is obliged to decide between loyalty to the community and loyalty to the agency. In the future, also, indigenous aides will need to be recruited from a variety of publics so that they can relate more effectively to, for example, the teenager in trouble, the elderly, the alcoholic, and to hospital patients.

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Tearsheet Requests

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