

Camp Health Aide Program

Implementation Guide



Midwest Migrant
Health Information Office

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Camp Health Aide Program: Implementation Guide

Table of Contents

Foreword: Using This Implementation Guide	i
Part I: Getting Started	1
Information on the overall structure of the Camp Health Aide Program; a job description for the Program Coordinator and ideas for recruiting Camp Health Aides.	
Part II: The Camp Health Aides	9
Description of the role and skills of Camp Health Aides, a sample certificate for participation and a sample letter to growers whose camps are involved.	
Part III: The Learning Sessions	19
An evaluation form for learning sessions with the Camp Health Aides and suggestions for guest speakers at learning sessions.	
Part IV: Educational Materials	23
Lists of supplies and materials recommended for the program.	
Part V: Data Collection	27
Forms and instructions for all types of data to be collected during the program.	

FOREWORD: USING THIS IMPLEMENTATION GUIDE

The Camp Health Aide Program is designed to reduce the barriers to existing health care for migrant farmworkers by training migrants to be health resource persons in the migrant camps where they live and work. The Program (1) involves migrant women and men as Camp Health Aides by training them in basic health care; (2) provides ongoing training, resource information and supervision to the Aides; (3) develops improved coordination and information flow between migrants and the migrant clinics, and (4) empowers the Aides, and through them their communities, to take more responsibility for improving and maintaining their own health.

This Camp Health Aide Program Implementation Guide is meant to be a resource for migrant health centers and other health agencies that are implementing the Camp Health Aide Program, which has been conceived and developed by the Midwest Migrant Health Information Office.

Each part of this guide is an informational tool designed to aid in the implementation of a Camp Health Aide Program. Because of the limited time period of the migrant season in many parts of the country, and the unpredictable nature of migrant farmwork, the planning and preparation stages of the Camp Health Aide Program are often brief and intense. This compilation of information and administrative tools, which have facilitated the running of the program in the past, is intended to ease the workload of those persons charged with setting up and running a program at a new site.

Part I: Getting Started

Camp Health Aide Program Overview	2
Camp Health Aide Program Timetable	3
Job Description - Program Coordinator	5
Notes on Choosing Camp Health Aides	7

CAMP HEALTH AIDE PROGRAM OVERVIEW

Camp Health Aide Characteristics

Camp Health Aides are migrant farmworkers who are recruited by Program Coordinators, with selection based on, but not limited to, the following criteria:

- bilingual (comfortable speaking English)
- able to communicate with camp residents
- outgoing personality
- desire to learn about health issues
- motherhood (or parenthood)
- ability to gain the respect of migrant camp residents
- plans to remain in the camp for the entire migrant season

Training and Supervision

Training is facilitated by a Program Coordinator -- a bilingual nurse or health educator. Camp Health Aides initially receive 20 hours of training. Training continues throughout the summer at weekly group sessions and weekly individual meetings, both conducted by the Program Coordinators.

Topics covered in the training include: taking vital signs, translation, personal and dental hygiene, nutrition, pre-natal care, well child care, first aid, environmental health, adult and childhood illnesses.

Supervision throughout the summer is also the responsibility of the Program Coordinator. One full-time program coordinator supervises from eight to ten Camp Health Aides.

Camp Health Aide Responsibilities and Reimbursement

Camp Health Aides are expected to devote approximately 20 hours per week to the role of Camp Health Aide. They receive a stipend of \$80 per week for their participation. In addition, the Camp Health Aides are reimbursed for their travel to and from classes. In general, they are not considered employees of the health centers; they are participants in an educational program. In their role as Camp Health Aides, they may give group or individual health education, give first aid, translate for camp residents, assist the clinic outreach nurse, make referrals to the clinic and other agencies, etc.

Camp Health Aide Program Time-table

	Time Period	Task	Responsible Party
Preparation Phase	2 Months Before Program Start	Order educational materials, <u>Camp Health Aide Manuals</u> , materials needed by Camp Health Aides and Program Coordinator. Identify and hire Program Coordinator(s).	Program Lead in Migrant Health Agency
	1 Month Before Program Start	Train Program Coordinator. Orient clinic personnel to Camp Health Aide Program goals/philosophy.	
Implementation Phase	Within the first month	Network with other local migrant farmworker agencies. Identify and recruit Camp Health Aides. Contact growers whose camps are involved. Schedule guest speakers for Camp Health Aide training.	Program Coordinator
	Immediately after Camp Health Aides have been recruited	Provide Camp Health Aides with 20 hours of training within a 3 week period (i.e., 10 classes, 2 hours each). Begin paying stipends when training begins.	
	Ongoing: After the initial 20 hours of Camp Health Aide training	Weekly group meetings between Program Coordinator and Camp Health Aides. Weekly individual meetings with Camp Health Aides. Camp Health Aides conduct group education sessions in their camps. Data collection using Encounter Records and Group Educational Session Records. Weekly collation of data on summary sheets.	
Wrap-Up and Evaluation Phase	1 Month after Program Close	Write summary report.	Program Coordinator and/or Program Lead
	2 Months after Program Close	Report program outcomes to appropriate clinic personnel. Provide written evaluation and suggestions for next year to administrators.	

**JOB DESCRIPTION AND SPECIFICATIONS FOR
PROGRAM COORDINATOR
CAMP HEALTH AIDE PROGRAM**

Job Description

General Description

Assumes responsibility for implementing local Camp Health Aide Program for migrant farmworkers under the leadership of the (name of agency). Works under the supervision of the Executive Director and other management personnel as designated.

Responsibilities include, but are not limited to:

Recruiting Camp Health Aides; leading training sessions on the principles of health promotion and disease prevention; working with and supervising migrant participants throughout the program; providing information and assistance as needed; monitoring data collection; providing verbal and written feedback to supervisors regarding progress of the program; assisting in development of communication links between Camp Health Aides and health personnel.

Work Environment

The work setting is primarily in and around migrant camps in rural farm areas and the migrant health centers that serve them. Initial Camp Health Aide training/orientation meetings will involve local migrant outreach coordinators from other programs providing services to migrants. Much training and supervision takes place during evening hours.

Examples of Work Performed

Educates migrant farmworkers; advocates for health education and health promotion.
Supervises Camp Health Aide activities.
Develops network of cooperation with other migrant assistance programs.
Implements Camp Health Aide Program, including direct training of Camp Health Aides.
Selects guest speakers for the training sessions.
Assists Camp Health Aides in identifying health needs, defining appropriate methods of learning and teaching.

NOTES ON CHOOSING CAMP HEALTH AIDES

1. Talk to outreach workers from the migrant health center, migrant education or any other social service agency that spend time in the camps. Find out from them: a) where the camps are located; b) if there are any camps where the grower disapproves of outsiders coming to the camp; c) their suggestions about camps that would be good for the program; d) who natural leaders are in the camps.
2. Choosing camps to have a Camp Health Aide is a compromise between several factors: a) where you can stir up enough interest and identify a suitable Camp Health Aide candidate; b) what is practical in terms of location and your travel distance and time; c) size of the camp - it should have at least 50 residents to reap the benefits of the program; and, d) the health risk of a camp - some camps have more health problems than others or may be more isolated from health services.
3. Talk to migrants in the camp informally about the program and let them refer you to someone who they think might be interested. They will feel more connected to the Program if they have helped choose the participants.
4. Introduce yourself and the program to the grower and/or crew leader. Ask for suggestions of who might be a good Camp Health Aide.
5. The following are qualities to look for in a potential Camp Health Aide:
 - bilingual; able to speak both Spanish and English
 - able to gain the respect of other farmworkers
 - able to communicate with everyone in the camp
 - out-going personality
 - an interest in health and learning about health
 - motherhood (or parenthood)
 - plans to remain in the migrant camp for the entire migrant season
6. Obviously, not every Camp Health Aide will have all of these characteristics. For example, many Camp Health Aides have been young women who are in high school or have just graduated from high school and who do not have any children, but have a strong interest in health issues.

Part II: The Camp Health Aides

Roles of a Camp Health Aide 10
Camp Health Aide Agreement 11
Performance Objectives - Camp Health Aides 13
Certificate for Camp Health Aides 15
Letter to Growers 17

ROLES OF A CAMP HEALTH AIDE¹

After you are trained as a Camp Health Aide you will be able to help your family and other people who live and work with you in very important ways. You will not be a nurse or a health professional, but you will have information that will help you and other migrant farmworkers take better care of your health. You will be expected to do the following things:

1. Know when someone in your camp needs and wants help.
2. Teach people in your camp where to go and how to get help they need.
3. Teach people in your camp what they can do about common health problems before they are able to get to the clinic.
4. Teach other people what you have learned about health to help them have better health.
5. Give first aid to people in your camp.
6. Check on people in your camp who have gone to the clinic or doctor and see how they are doing. Help them understand what the nurse or doctor told them.
7. Translate for people in your camp, especially when an outreach nurse is visiting the camp.
8. Notice health problems around your camp or the place where you work and report the problems to the person in charge. If the problems are not solved, tell the outreach nurse or program coordinator about them, and then work on them together.
9. Work closely with outreach workers who come to the camp from clinics and other social service agencies. You may help them by finding people in your camp.

¹ This is written for Camp Health Aides and can be used as a hand-out for them.

MEMORANDUM

To: (Camp Health Aide's name)
From: (Name of appropriate person in agency)
Date:
Subject: Camp Health Aide Agreement

Welcome to the Camp Health Aide Program! We are pleased that you have chosen to participate and hope you will have a good experience with the people in your camp.

As a Camp Health Aide, your role is to share what you learn and help other farmworkers. You will do things like give first aid and health information to camp residents, observe health problems in the camp and fields and helping to correct these problems when you can, translate for camp residents and outreach nurses, explain doctors' orders, and more. To participate in this health program you must attend the health education classes and be available to camp residents and the coordinator on a regular basis. It is important that when you make an appointment with your program coordinator you make every effort to keep that appointment. The activities you do as a Camp Health Aide should be part of your everyday life.

You will receive an educational stipend in the amount of \$80 per week, which will be paid every two weeks. You will also be reimbursed for travelling to from health education classes at the rate of \$.22 per mile. The cost of any items listed on page two of this agreement that are not returned will be taken out of your last stipend check.

(Name of agency) must report your total stipend amount to the Internal Revenue Service (IRS) on Form 1099. A copy will be sent to you in January, 199_, so please notify us of any address change. Please be aware that this is not a "payroll" check you receive. No taxes are withheld. (Name of agency) strongly recommends you set aside 25% of the stipend money in case you must pay extra taxes in April.

Please sign below that you have read and understand this agreement and have discussed any questions with the Program Coordinator.

Signature_____Date_____

Address_____

City_____State_____Zip_____

PERFORMANCE OBJECTIVES: CAMP HEALTH AIDE PROGRAM

After participating in training based on the The Camp Health Aide Manual and accompanying Teaching Notes, the Camp Health Aide will:

1. Understand the basic philosophy and goals of the Camp Health Aide Program and know the roles and responsibilities of a Camp Health Aide.
2. Know how to collect data on an encounter form and will know the importance of confidentiality in record keeping.
3. Learn about health and social service agencies in her/his community and will be able to effectively refer a camp resident to the appropriate agency.
4. Know the proper techniques in translating for camp residents in a variety of situations.
5. Be able to measure a camp resident's vital signs.
6. Learn about personal hygiene and its importance and will be able to describe specific actions for scabies, ringworm, head lice, and athlete's foot.
7. Learn about good dental care and its importance and will be able to describe specific actions for good dental health.
8. Be able to identify unhealthy and dangerous conditions around the camp and will be able to take specific actions to correct these conditions.
9. Know the general rules for safe pesticide use.
10. Be familiar with the contents of the first aid kit and will know how to administer first aid.
11. Be able to determine when an injured person needs professional health or medical care and will know how and where to refer someone for emergency care.
12. Be familiar with guidelines for a healthy diet.
13. Be able to name practical ways of adjusting one's diet to make it healthier.
14. Be able to describe the significant developmental milestones and know the importance of monitoring a child's development.
15. Be aware of the risk of injury and accidents for children and will be able to describe preventive measures to protect children's safety.

Certificate of Achievement

This Certifies That

has successfully participated in the Camp Health
Aide Program
and has served the Migrant Population in

Camp as Camp Health Aide

LOCAL PROGRAM COORDINATOR

DATE

SAMPLE LETTER
TO GROWERS WHOSE CAMPS ARE INVOLVED
IN THE CAMP HEALTH AIDE PROGRAM

July 19, 1990

(Name of Grower)
(Address of Grower)

Dear (Name of Grower):

(Name of agency) Migrant Health Center is implementing the Camp Health Aide Program in your area. Migrant farmworkers from various camps in the area have been selected to participate in health education activities. They will serve as facilitators in promoting good health practices and disease prevention among camp residents.

(Name of Camp Health Aide) has been selected to be a Camp Health Aide in your camp. She has participated in health education training and has assumed her responsibilities in the camp. I hope you will find her useful in matters concerning the health of your migrant employees. I will be meeting with her every week to discuss her activities as a Camp Health Aide.

Thank you for the opportunity to introduce our Camp Health Aide Program to you. Best wishes for a productive summer season.

Sincerely,

(Name of Program Coordinator)
Program Coordinator
Camp Health Aide Program

Part III: The Learning Sessions

Learning Session Summary Form 18
Letter to Guest Speakers 19
Suggestions for Guest Speakers 20

LEARNING SESSION EVALUATION FORM

Date: _____

Program Coordinator: _____

Topic: _____

Presenter: _____

Guest Speaker? Y N Outline Submitted to speaker? Y N

Viewpoint of the Program Coordinator

1. How were the teaching tools and ideas recommended in the "Teaching Notes" used, if you used them?
2. How were any additional materials or activities used?
3. Evaluate the overall success of the session.

Viewpoint of the Camp Health Aide

1. How interested were the Aides in the topic? How did they show their interest (e.g., discussion, questions)?
2. Were the Camp Health Aides involved in every part of the presentation?
3. How did they react to the presenter and his/her style of presentation?

SAMPLE LETTER
TO GUEST SPEAKERS

(Date)

(Name of Guest Speaker)
(Address of Guest Speaker)

Dear (Name of Speaker):

Thank you for participating in the Camp Health Aide Program!
(Name of agency) believes that the more participation the program receives from the community, the better it will be.

We are certain the Camp Health Aides will be able to learn a lot from your presentation. In addition, they will be able to take the information they have learned from you and share it with the other camp residents.

Attached you will find a set of "guidelines" to help you understand what is most helpful for the Camp Health Aides. These are not meant to structure or plan your presentation for you, rather, they are meant to be helpful guidelines for you.

If you have any questions, please do not hesitate to ask the program coordinator in your area.

MUCHAS GRACIAS!

Part IV: Educational Materials

Inventory List 25
First Aid Kit Contents 26

INVENTORY LIST

Name:

Agency/Clinic Name:

Please indicate below the number of each item you have received.

- _____ "Pesticide Safety for Farmworkers" booklet
- _____ "A Guide for Home Care and Prevention of Childhood Injuries" booklet (Spanish or English)
- _____ "Dietary Guidelines for Americans" booklet
- _____ "How to Eat for Good Health" pamphlet
- _____ "Nursing Bottle Mouth" pamphlet
- _____ "It's Mostly Up To You" booklet
- _____ The Universal Childbirth Picturebook/Flipchart
- _____ "Lice Advice" Flipchart
- _____ "Protege a su Familia Contra las Moscas" Flipchart
- _____ Food Models Packet
- _____ Camp Health Aide Manual
- _____ Where There Is No Doctor
- _____ Donde Hay No Doctor
- _____ Helping Health Workers Learn
- _____ clipboards
- _____ first aid kit boxes
- _____ teaching stethoscope
- _____ stethoscopes
- _____ blood pressure cuffs
- _____ thermometers
- _____ pen-lights
- _____ bandage scissors

Part V: Data Collection

Camp Health Aide Personal Data	28
Encounter Record	29
Instructions for the Completion of the Camp Health Aide Encounter Record	31
Encounter Record Definitions	
English	37
Spanish	39
Group Educational Session Record	41
Instructions for the Completion of the Group Educational Session Record	42
Weekly Summary Sheet	47
Camp Health Aide Forms Transmittal	49
Anecdotal Information	51
Camp Census	53
Camp Map	54

CAMP HEALTH AIDE PERSONAL DATA

Program Coordinator Name _____

Camp Health Aide Name _____

Camp Name _____ Grower Name _____

Camp Address _____ Grower Address _____

Telephone _____ Telephone _____

Permanent Address _____
(Camp Health Aide) _____

Telephone _____

Date of Birth _____ Place of Birth _____

Social Security No. _____ Marital Status _____

Level of Education _____

Number of Years in Migrant Stream _____

What is your travel pattern? _____


Spouse's Name _____

Children:

Name	Date of Birth	Place of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

What does being a Camp Health Aide mean to you?

CAMP HEALTH AIDE REGISTRO DE ENCUENTRO / ENCOUNTER RECORD

1. Fecha: Today's Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Mo./Mes Day/Dia Yr./Año</small>	2. Nombre de la Camp Health Aide / Camp Health Aide Name: _____
3. Nombre del Residente del Campo / Camp Resident Name: _____	4. Jefe de Familia / Head of Household: _____
5. Fecha de Nacimiento: Birthdate: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Mo./Mes Day/Dia Yr./Año</small>	6. Sexo: M <input type="checkbox"/> Sex: F <input type="checkbox"/>
7. Clase de Contacto / Type of Contact: Primero / First <input type="checkbox"/> Segundo o Subsecuente / Second or Later <input type="checkbox"/>	
8. ¿Esta Embarazada? / Is she pregnant? Sí <input type="checkbox"/> No <input type="checkbox"/>	
	Si es sí, ¿Ella esta registrada en una clinica prenatal? / If yes, is she enrolled in prenatal clinic? _____ Nombre de la clinica / Name of clinic _____ ¿Cuantos meses de embarazada tiene? / How many months pregnant? _____

Problema / Problem: _____

Acción / Action: _____

9. Clase de Problema / Type of Problem:

- _____ **Herrida / Injury**
- _____ **Enfermedades Agudas / Acute Illness**
- _____ **Seguridad y Sanidad en el Campo y en el Trabajo / Camp and Work Safety and Sanitation**
- _____ **Cuidado Prenatal / Prenatal Care**
- _____ **Cuidado Infantiles / Infant / Well-Child Care**
- _____ **Mantenimiento de la Salud Adulta / Adult Health Maintenance**
- _____ **Dental / Dental**
- _____ **Enfermedades Crónica / Chronic Health Condition**
- _____ **Servicios Sociales / Social Services**

10. Clase de Acción / Type of Action

- _____ **Dio Primeros / Gave First Aid**
- _____ **Mandó al Residente del Campo / Referred Camp Resident**
- _____ **Dió Información Sobre la Salud / Gave Health Education**
- _____ **Trujo para un Residente del Campo / Otros / Translated for Camp Resident / Others**
- _____ **Localizó al Residente del Campo / Located Camp Resident**
- _____ **Actividades Coordinadas / Liaison Activities**

10. Iniciales del Coordinador del Programa: _____
Program Coordinator Initials

11. Lugar del Programa: _____
Program Site

**INSTRUCTIONS FOR THE COMPLETION
OF THE CAMP HEALTH AIDE
ENCOUNTER RECORD ²**

Purpose: The agency, or health center, is charged with the responsibility for compiling certain kinds of descriptive statistics regarding clients served and the number and type of services rendered by Camp Health Aides during the program year. Reports will be prepared at the close of each migrant season, or at least once per year for year-round programs, to provide information to evaluate the program for effectiveness and efficiency. This data system will also provide a means to monitor performance of Camp Health Aides as well as to provide accountability for the resources used. These reports will use aggregate statistics only and will not contain any identifying information relating to individuals. Information obtained from these statistics will also be used to revise programmatic materials when changes are deemed necessary. (Examples of reports may be obtained from the Midwest Migrant Health Information Office)

Confidentiality: Great care should be taken at all levels to insure confidentiality of information. Camp Health Aides must regard all information collected on the Encounter Record as confidential and should assure clients that information given will not be disclosed or released to other persons except as needed to provide the service.

² These instructions are intended to be used as a resource by the agency and the Program Coordinator. They are not intended to be distributed to Camp Health Aides. The instructions define each element of data and suggest ways to collect and manage Camp Health Aide Program data.

Item 2. Camp Health Aide Name: Print first and last name of the Camp Health Aide.

Item 3. Camp Resident Name: Print the first and last name of resident. If resident is reluctant to give name, she/he should be assured of the confidential nature of the information on the Encounter Record. The resident's name may be the only means to distinguish between camp residents with similar surnames. This information may be important in follow-up care or in locating the camp resident.

Item 4. Head of Household: Print the full name of the person who is the head of household for the camp resident. This information is collected to make referrals to the clinic easier, where records may be kept only under head of household.

Item 5. Birth Date: This item will be used to summarize the age of residents served by the Camp Health Aides. Every effort should be made to secure the exact birth date. However, if a resident seems unsure of the exact date of birth, encourage her/him to estimate as close as possible to the actual date to determine a reasonable estimate of birth date. An example of how to enter a birth date is as follows: if a camp resident's birth date is May 26, 1948, the date entered in the box should be 05 26 48. Refer to instructions on Today's Date for month-day-year. This item should never be left blank.

The purpose of this item is to develop indicators to separate the total number of persons from the total number of contacts or encounters the camp residents have with the Camp Health Aides during the season. In many cases, a resident may be seen only once during the season - this situation would be tabulated as one person and one encounter. However, if a resident is seen a number of times during the season, she/he would be counted as one person with multiple encounters. The total number of persons served and the total number of contacts made are of equal importance.

Item 8. Pregnant?: The purpose of this question is to identify all pregnant camp residents and to make certain that each one is receiving prenatal care while a resident in the camp. If the pregnant resident is not already enrolled in a prenatal clinic, the Camp Health Aide should refer her to the nearest prenatal clinic. If the client is enrolled in a prenatal clinic, the Camp Health Aide should obtain the name of the clinic on the Encounter Form and relate that to the Program Coordinator for immediate follow-up. The question related to "how many months pregnant" and "date baby is expected" is to help define the trimester of pregnancy to determine the most appropriate prenatal care for the client. Once identified, women who are pregnant will be followed closely by the Program Coordinator and the Camp Health Aide in collaboration with the Prenatal Clinic.

CAMP HEALTH AIDE
ENCOUNTER RECORD DEFINITIONS³

When filling out the Encounter Record, the Camp Health Aide will:

- o Use the definitions listed below when completing the items which refer to "Type of Problem" and "Type of Action".
- o Use the examples listed under each type of problem or type of action as a guide. Some "problems" and some "actions" may not be found among the examples but may be similar to those listed.

Type of Problem

Injury (minor) - cuts, scrapes, burns, sprains, bruises, sunburn, insect bites, minor skin conditions etc.

Injury (major) - broken bones, cuts needing stitches, heat stroke, person who is unconscious, head injury, poisoning, etc.

Acute Illness - fever, sore throat, flu, vomiting, diarrhea, skin rashes which bleed, head lice, scabies, ring worm, athlete's foot, poison ivy, ear ache, pink eye, head ache, heat exhaustion, foreign bodies in the eye, etc.

Camp and Work Place Sanitation and Safety -

In the Camp - stagnant water, flies, broken screens, broken glass, garbage problems; abandoned refrigerators; not enough or broken toilets, showers, stoves and refrigerators, etc.

In the Work Place - poor protection for exposure to chemicals, herbicides, and pesticides; hazardous equipment; not enough supervision in work places e.g. Day Care Centers, etc.

Prenatal Care - not enrolled in prenatal clinic, missing clinic appointments; transportation; problems around urination, morning sickness, heartburn, bleeding, early labor; not knowing enough about prenatal diet, weight gain, kind of exercise during pregnancy, personal hygiene, medications, etc.

Infant/Well Child Care - not keeping regular infant/well child exam appointments; immunizations; breast feeding; diaper rash; cradle cap; thrush; dehydration; colic; not using car seat; evil eye "mal ojo", sunken fontanelle "caida mollera", etc.

Adult Health Maintenance - physical exams, diagnostic tests, e.g. pap smear, pregnancy test, blood test, eye test and hearing test; family planning exams and child spacing; AIDS, sexually transmitted disease diagnosis, etc.

³ This is intended to be a hand-out for the Camp Health Aides, in either English or Spanish.

CAMP HEALTH AIDE
REGISTRO DE ENCUENTROS. DEFINICIONES

Cuando la Camp Health Aide llene el Registro de Encuentros:

Usará las definiciones enlistadas abajo cuando complete los ítems que se refieren a "Tipo de Problema" y a "Tipo de Acción".

Usará como guía los ejemplos enlistados bajo cada tipo de problema o tipo de acción. Algunos "problemas" y algunas "acciones" pueden no encontrarse entre los ejemplos, pero pueden ser similares a aquellos enlistados.

Tipo de Problema

Lesión (menor) - cortadas, raspones, quemaduras, torceduras, machucaduras, quemaduras por el sol, picaduras de insectos, lesiones menores de la piel, etc.

Lesión (mayor) - huesos rotos, cortaduras que necesitan ser cocidas, insolacion, cualquier persona que es encontrada inconciente, lesión en la cabeza, envenenamiento, etc.

Enfermedades Agudas - fiebre, dolor de garganta, gripe, vómito, diarrea, salpullido con sangre, piojos en la cabeza, sarna, tiña, pie de atleta, hiedra venenosa, dolor de oído, conjuntivitis, dolor de cabeza, agotamiento por calor, cuerpos extraños en el ojo, etc.

Campo y Lugar de Trabajo. Salud y Seguridad -

En el Campo - agua estancada, moscas, telas de alambre rotas, vidrios rotos, problemas de basura; refrigeradores abandonados; baños, regaderas, estufas o refrigeradores descompuestos o insuficientes, etc.

En el lugar de Trabajo - protección deficiente contra productos químicos, herbicidas y pesticidas; equipo peligroso; insuficiente supervisión en los lugares de trabajo, por ejemplo, Guarderías, etc.

Cuidado Prenatal - no registrada en la clínica prenatal, perdiendo citas en la clínica; transportación; problemas con la orina, malestares matutinos asociados al embarazo, agruras, sangrados, parto prematuro, conocimiento insuficiente acerca de la dieta prenatal, aumento de peso, tipo de ejercicio durante el embarazo, higiene personal, medicinas, etc.

Buen Cuidado de Bebés - no mantener una asistencia regular a las citas para el examen de salud del niño o bebé; vacunas; amamantamiento; rosadura provocada por los pañales; ceborrea; algodoncillo; deshidratación; cólico; no usa silla para el carro; mal de ojo, caída de la mollera, etc.

Mantenimiento de la Salud de los Adultos - exámenes físicos, pruebas de diagnóstico, por ejemplo: papanicolau, prueba de embarazo, examen de sangre, examen de ojos y de oídos; exámenes de planificación familiar; SIDA, diagnóstico de enfermedades sexuales contagiosas, etc.

CAMP HEALTH AIDE

GROUP EDUCATIONAL SESSION RECORD

PART I.

1. Date of Meeting: _____ 2. Camp Site: _____
3. Name of Camp Health Aide: _____
4. Name of Program Coordinator: _____
5. Number of persons in attendance:
- | | Female | Male | Total |
|-------------|--------|-------|-------|
| < 12 mos. | _____ | _____ | _____ |
| 1 - 5 yrs. | _____ | _____ | _____ |
| 6 -12 yrs. | _____ | _____ | _____ |
| 13 -19 yrs. | _____ | _____ | _____ |
| 20 -24 yrs. | _____ | _____ | _____ |
| 25 -44 yrs. | _____ | _____ | _____ |
| 45+ | _____ | _____ | _____ |
| Grand Total | _____ | _____ | _____ |
6. Where was meeting held? _____
7. Topic of Meeting: _____
8. Why did you choose this topic? _____

Part II.

1. List the major knowledges or skills you want participants to learn:
- a. _____
- b. _____
2. Materials needed: _____
3. Reward for Participants: _____

Part III. (For Coordinator Only):

1. How much time was spent during the discussion period? _____
2. How do you rate the effectiveness of this Group Educational Session? _____
3. How or what should be done differently the next time? _____
- _____

**INSTRUCTIONS FOR THE COMPLETION
OF THE GROUP EDUCATIONAL SESSION RECORD**

Purpose: The purpose of the group educational sessions for camp residents is twofold: (1) To provide an organized and planned group meeting around a topic of common interest to camp residents, and (2) to provide an opportunity for Camp Health Aides to learn how to identify a problem of special interest to a particular camp, organize materials, and present information to camp residents in which group participation is the objective. This method of disseminating information on broad topics of interest is also recognized as an efficient way to transmit needed information to the migrant population. These meetings are generally scheduled during the evening hours at the Camp Site. The meetings should be conducted by the Camp Health Aide with the Local Program Coordinator in attendance. A minimum of one group educational session per month by each Camp Health Aide is recommended.

Planning the Group Educational Sessions: Local Program Coordinators should introduce the importance of the concept of the group educational sessions to the Camp Health Aides early in the season to provide adequate discussion time as to the possible topics. Adequate time is also needed to encourage and promote the knowledge and skills needed by these group leaders who may be leading a group discussion for the first time. Role play is an effective way to teach Aides how to lead a group session. Role play may also be used to help the Camp Health Aides learn how to select and conduct a group session that will attract camp residents and hold their interest.

Group Educational Session Record: This form is divided into three parts: Part (I) provides spaces to record the date and topic of the meeting, name of the Camp Health Aide and the Local Program Coordinator and where the meeting was held. Also, space is made available to record participants by age range and sex (this can be done by a head count at the beginning of a session) and an indicator as to where the session was held.

Part (II) provides a planning format to be completed and submitted as a part of the form.

Part (III) is to be filled out by the Program Coordinator after observing the group educational session. This will serve as an evaluation instrument to determine the effectiveness of the group educational sessions.

The Group Educational Session Record should be submitted, along with the Encounter Records, to the appropriate Program Lead as soon as possible after the educational session is held.

HOW TO SUBMIT CAMP HEALTH AIDE FORMS FOR TABULATION

The Camp Health Aide Encounter Record is a two part form which provides a copy of the information for the appropriate Program Lead in the Agency or Health Center (white copy) and a copy for the Local Program Coordinator files (yellow copy). These forms should be submitted to the Agency or Health Center Lead. (See instructions on the Camp Health Aide Forms Transmittal).

Step-by-Step Procedure for Handling Forms:

1. Check the Encounter Record for accuracy, then enter the Program Coordinator's initials. The accuracy check should be a joint activity between the Camp Health Aide and the Program Coordinator during the weekly supervisory session.
2. Separate the two copies and file yellow copy in the Local Program Coordinator's files. These files must be returned to the Agency or Health Center Lead at the end of the season.
3. Summarize all data on the Weekly Summary Sheet, at the end of each week, and submit with white data forms to the Agency or Health Center Program Lead. (Copy of Summary Sheet on page 47.)
4. Count the number of white forms in the batch and enter the number on the Transmittal Form.
5. Complete all other items on Transmittal Form, e.g. Program Site, Program Coordinator, Date Submitted, Reporting Period, and Group Educational Session Records. A

CAMP HEALTH AIDE FORMS TRANSMITTAL

Local Program Coordinator _____ Program Site _____
Date Submitted _____ Number of Encounter Records _____
Report Period From _____ through _____
Number of Group Educational Session Forms _____

MAIL OR SUBMIT TO:
AGENCY OR HEALTH CENTER
ATTENTION: CAMP HEALTH AIDE PROGRAM LEAD

FOR AGENCY OR HEALTH CENTER PROGRAM LEAD ONLY

Date Received _____
Batch Number _____
Forms Count Verified _____

ANECDOTAL INFORMATION⁴

CAMP HEALTH AIDE REPORT

August 25, 1989

Camp Health Aides in Allegan County remain busy providing education and other services to area camp residents. All migrant camps appear to be full and yet more workers are needed in the area. After putting in a full day of eight to twelve hours working in the packing shed, babysitting or working in the migrant day care, the Camp Health Aides continue to work in their role as peer health advisors. The following cases listed below are situations which the Camp Health Aides have taken an active role in and assisted the individual or family.

1. P.G. noticed that many of the children in her camp were continuously being seen at the migrant clinic for diarrhea and colds. She asked if these families could receive bottled water or ready mix formula, although the nitrates in the water was within the safe level of 0-10 ppm. The Outreach Nurse gave P.G. bottled water to give to all families of children under twelve months of age. This camp also has had problems with other types of groundwater contamination. It is too soon to tell if this intervention will decrease the number of sick children seen at the clinic.

2. M.M. has recently helped a family who was fired (possibly due to discrimination issues). She contacted Michigan Migrant Legal Assistance for the family and also spoke to the grower about the unfairness of the family being fired. M.M. continues to be the liaison between the grower and camp residents when any problems occur.

3. J.T. became aware that the camp residents were not being fully informed of an insurance policy which a company was trying to sell to the migrants. The people in the camp were being told the supervisor of the camp advised them to purchase the insurance. J.T. checked into this and the grower was not even aware of this insurance or agency. He then asked J.T. to go to every camp and tell the people they were not obligated to purchase the insurance and also that it only covered accidents. It did not cover medical bills or prescriptions.

⁴ Anecdotal information about the activities of the Camp Health Aides is useful to add life to reports which otherwise consist largely of numbers. This is an example of how Program Coordinators can collect and report anecdotal information in a systematic fashion. Another method is for the Program Coordinator to keep a log with her/him at all times, and jot down notes and anecdotes as they happen.

CAMP CENSUS⁵

First Count

Second Count

Date _____

Date _____

AGE	Male	Female	Total	Male	Female	Total
<12 mo.						
1-5 yr.						
6-12 yr.						
13-19 yr.						
20-44 yr.						
45+ yr.						
Total						

Camp Health Aide Name _____

Camp Name _____

Peak Dates _____

⁵ The Camp Health Aides, with the assistance of the Program Coordinators, should be encouraged to conduct a census of the camp residents. This information provides base-line data about the population being served.

CAMP MAP⁶

Name of Camp Health Aide _____

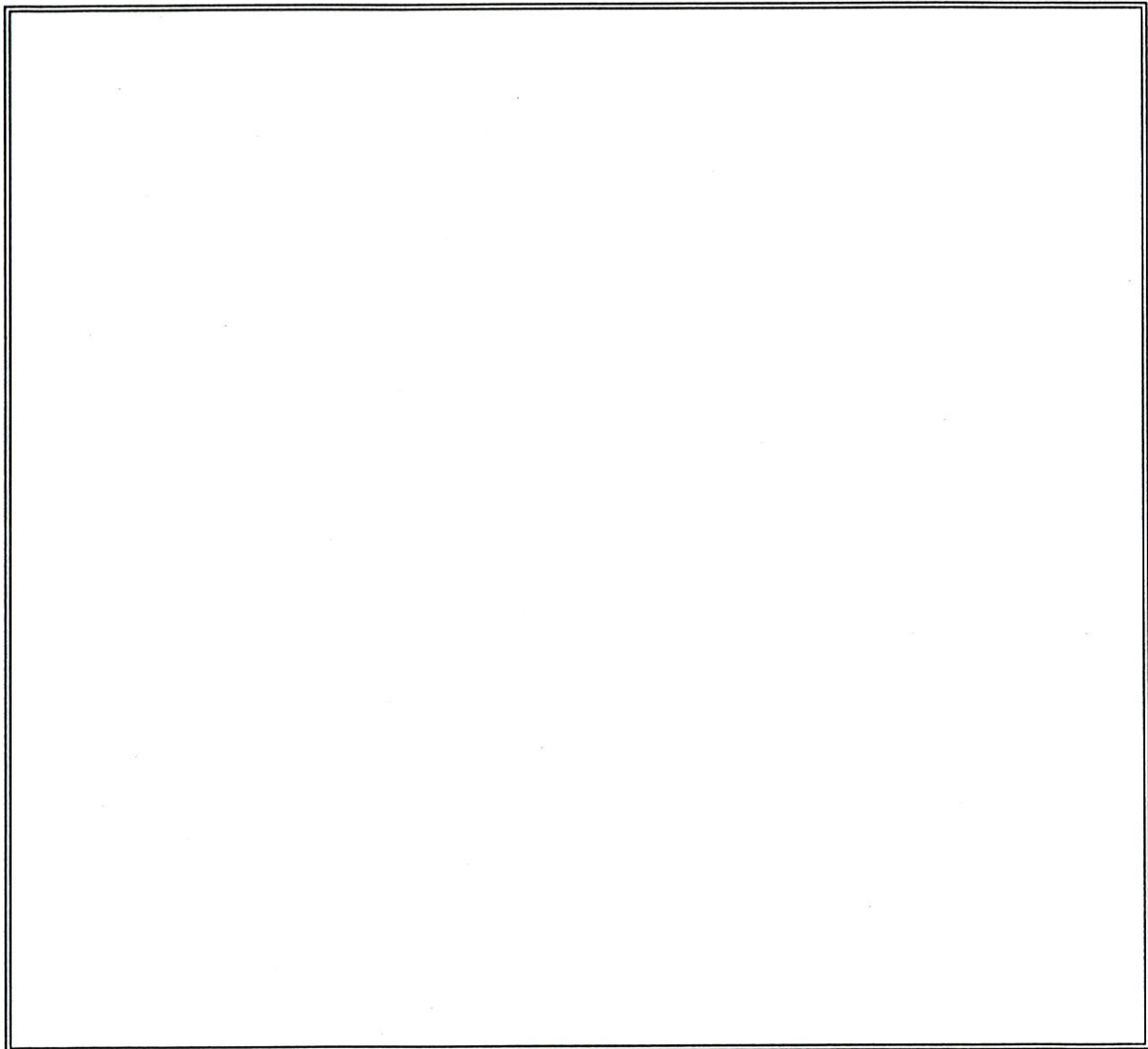
Name of Camp _____ Name of Grower _____

Number of Living Units _____

Number of Showerheads _____

Number of Toilets _____

Date _____



⁶ Making a map of the camp is useful for the Camp Health Aide and the Program Coordinator, so that they become familiar with the layout and facilities of the entire camp.
