

THE CAMP HEALTH AIDE PROGRAM:

EVERYONE BENEFITS

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## Background and Framework of the Camp Health Aide Program

The Camp Health Aide Program of the Midwest Migrant Health Information Office (MMHIO) is an educational program designed to bridge the gap between the existing health care system and the migrant farmworker in need of health care. Through it, migrant women (and in a few cases, men) receive training and act as health resource persons in their migrant camps. The program has been operating in the Midwest for the past five years, and has successfully benefited migrant farmworkers, migrant health centers, outreach workers from health centers, and the participants themselves.

Participants are chosen for the Camp Health Aide Program on the criteria of: 1) being out-going and able to talk to all the people in their camp; 2) being bilingual, and 3) their motivation to learn about health issues. Initially Camp Health Aides receive 20 hours of health training by MMHIO staff members who serve as Program Coordinators. In addition to training, the Coordinators provide one-to-one supervision and weekly group meetings for the Camp Health Aides throughout the summer migrant season. A Program Coordinator, who is usually a bilingual health educator or nurse, may work with four to ten Camp Health Aides.

After completing training, the Camp Health Aides begin sharing what they have learned with other farmworkers in their camp. They provide simple first aid; they translate for outreach workers who come into the camp; they make referrals and appointments for people; they actively try to correct sanitation problems around the camp; they follow-up on clinic visits by

explaining prescriptions or "doctor's orders" to other farmworkers, and they provide informal health education for the residents of their camp. In short, Camp Health Aides do anything they can to promote health and help other farmworkers receive the health care they need. Throughout their training and orientation, the Aides are encouraged to incorporate this role into their everyday activities at home and in the field or factory where they work.

Camp Health Aides are not considered employees of MMHIO or the local clinics, rather they are participants in a health education and peer counselor program. As such, they are required to attend educational sessions, meet regularly with their Program Coordinator, and be available to camp residents and clinic outreach staff for the duration of the Camp Health Aide Program. For their participation Camp Health Aides are provided with an educational stipend to help offset lost wages from field work and time lost with their families.

Together, the Program Coordinators and Camp Health Aides facilitate a non-threatening and culturally sensitive relationship between migrant farmworkers and the health care system. Camp Health Aides are able to address barriers that prevent farmworkers from accessing the health care available to them through their unique status of being farmworkers and being trained in health. Further, the Program Coordinator-Camp Health Aide interactions allow the Camp Health Aides opportunities to share information, observations, and concerns regarding migrants'

living and working conditions. Once identified, these problems can then be addressed in an appropriate manner, and the professional community serving migrant farmworkers can be informed of the concerns of the farmworkers.

The Camp Health Aide Program was begun in 1985 with a pilot project in southwest Michigan. Over the past five years it has gradually expanded. In the summer of 1989 the program was operational at eight sites in four Midwestern States, with a total of 55 Camp Health Aides involved.

The program is designed to and continually strives to be beneficial to both migrant health centers and the farmworker population at the same time. The following impacts demonstrate this dual beneficiary arrangement.

#### Individual Contacts With Other Farmworkers

Migrant farmworkers benefit directly from the services the Camp Health Aides provide to them. During the summer of 1989 Camp Health Aides in four states had contact with 1,729 individual farmworkers in their respective camps. Since many people receive more than one encounter by a Camp Health Aide during the season, there were a total of 4,126 encounters made by the Aides. Camp Health Aides are asked to record each of their activities on an easy-to-use form called an "Encounter Record". An encounter can be provision of simple first aid, translation for an appointment, locating a farmworker for an outreach nurse, etc.

The target population receiving the services of a Camp Health Aide was 3,793. This is based on a camp census each Camp Health Aide was asked to do in her camp at the peak migrant season. With 1,729 farmworkers receiving a contact from a Camp Health Aide, and a target population of 3,793, Camp Health Aides had at least one individual contact with 45% of their target population.

ENCOUNTERS BY CAMP HEALTH AIDES 1989				
State	# Aides	# People Contacted	# Encounters	Target Pop.
Mich.	39	1,348	3,394	2,713
Ind.	5	173	398	520
Ohio	4	87	132	180
Wis.	7	121	202	380
Total	55	1,729	4,126	3,793

#### Migrant Health Programs Can Benefit

Camp Health Aides enhance the services and program of migrant health centers in many ways. They inform migrants of the services offered at the clinic and clinic hours, they refer camp residents to the health center, they locate camp residents for outreach workers who come to the camp, and generally serve as a contact person for the clinic staff in the migrant camps.

Outreach workers from migrant health centers have found the Camp Health Aide Program to be a great asset to their ability to

provide services in the camps. Health professionals have testified to the link a Camp Health Aide can provide for them in the migrant population:

"I believe the program has increased the efficiency with which our outreach nurses and mobile medical unit have been able to identify and respond to health problems among migrants."

"More migrants were seen by the outreach nurse. More migrants were referred to the clinics. Quality care was given. Trust was developed. Locating migrants was easier than in the past."

#### A Viable Source of Referrals to a Health Center

A specific activity of Camp Health Aides that exemplifies the goal of bridging the gap between the existing health care system and the farmworker population is making referrals to the local migrant health center. For one month during the summer migrant season, the number of referrals made by Camp Health Aides to the respective migrant health center were recorded. The data were collected at three sites, and a total of 77 referrals were counted.

Of these referrals, 52 persons were seen at the health center for the condition that prompted the referral. Thus, 68% of the farmworkers referred by a Camp Health Aide to a migrant clinic actually sought care at the clinic.

The 68% response rate of farmworkers to a referral by a Camp Health Aide to a migrant health center speaks to the credibility of Camp Health Aides among their families and neighbors. It also demonstrates confidence in the migrant health centers on the part of the Camp Health Aides. Obviously, the Aides feel that benefit

can be gained from visiting a clinic and are able to portray this feeling to other farmworkers.

### Empowerment of Farmworker Participants

By participating in the Camp Health Aide Program migrant farmworkers gain confidence in their ability to learn about health issues and make changes in their lives. Camp Health Aides assume leadership positions in their camps and work constructively for change in their environments. Many Camp Health Aides have been so encouraged by their new-found ability to learn and talk about what they have learned, that they have gone on to finish a GED, take college classes or enroll in a nursing assistant program. Currently, several Camp Health Aides are enrolled or applying to nursing programs.

Through training and increased self-confidence, Camp Health Aides develop the potential to challenge the health system in ways that health professionals might never expect. The following is quoted directly from a Camp Health Aide:

Now that I know more about different illness, since I've been CHA (Camp Health Aide), when I call the clinic and talk to the receptionist I expect her to listen to me, to pay attention to me. When I do everything right, I tell the clinic his (my son's) symptoms; I take his temperature; I tell them what I think he has. They need to listen to me. Then when they can't listen now I have this strength to complain, to say 'she's not doing her job'. She not paying attention to the people. I think I have the courage because I was a Camp Health Aide. If I wasn't in this program (Camp Health Aide Program) I would have just let it go, like I've done before. But when you know that something right and something wrong you need to tell them.

A more direct example of the power of education for oppressed groups in our society is difficult to imagine. Through its underlying belief that education and empowerment are essential for change, the Camp Health Aide Program has proven its ability to affect the health conditions of migrant farmworkers and benefit the health care system established to serve them.