

BUSH HEALTH AIDES TO BE PAID

PHS and Native Groups In Conferences to Seek Ways to Work the Plan

ANCHORAGE, (Special)—A long sought plan to employ and support Health Aides who provide health services to their

communities is close to being realized.

Representatives of native associations and U. S. Public Health Service officials of the Alaska Native Health Area are engaged in conferences to seek the most satisfactory way to carry out the plan.

Both groups are excited about the implications of the plan which involves a contract between the legal entity of the community, most probably the village council, and PHS.

This new proposal, for which some funds are already appropriated, will make it possible for involvement of various communities in setting up the procedures and handling the fiscal responsibilities of compensating the community health aides.

The communities can, in this arrangement, establish their individual needs in their work with their chosen aides.

Important details now under discussion between native leaders and PHS representatives involve equitable distribution of the available money among the some 150 communities according to an agreed plan. This takes into consideration such matters as size of the village, number of aides and what the community will require of its aide.

Also to be determined are certain standards of performance to meet contract provisions.

The formal training program which picked up new emphasis last year with hiring of a coordinator and preparation of a standard course of study, will continue to be administered and funded by the Alaska Native Community Health Aide Training (ANCHAT) program.

The first fall course will begin in Alaska Native Medical Center in Anchorage September 9 through the 20th.

PHS is providing information and criteria as guidelines to assist councils and associations

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Health Aides . . .

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to develop their program proposals which will lead to the contracts. These guidelines will also help councils outline methods of accomplishing the objectives they establish as desirable for good health procedures in their communities.

PHS physicians and other officials have long recognized and appreciated the fine service most health aides have given, usually as volunteers with only occasionally financial compensation from their villages. Their dedicated service to their communities has made it possible for PHS physicians to extend their care over a vast area where constant care in person is impossible.

This link between the village and the service unit hospital in each geographical area is a vital one. These lines of communications have even more significance in the consideration of good health practices because the community health aide is regarded as one of the important stimulants of such practices to prevent illness and accidents in

her (sometimes his) community.

PHS is encouraging formation of health councils and health committees throughout the rural areas. Responsive communication between the professional agency and these experts from the community level is the goal of those involved in the talks.

This subject and its many ramifications is being presented by various PHS officials and regional native association meetings.

John Borbridge, Native Affairs Officer for ANHAO, is principal spokesman. Dr. John Lee, director of ANHAO, met with AFN board members in Anchorage recently to discuss both this matter and the effect of the PHS budget and personnel limitation on native health services.

Funding for the project has been requested for at least two years. PHS officials point out that once a village council engages in such a contract to employ the health aide, the way is opened for similar arrangements with other agencies.