NOTE: THE PROPOSED TRAINING PLAN IS INCLUDED AS AN APPENDIX TO THIS REFUNDING PROPOSAL.

I wrote this to get the final funding from Congress for the establishment of the Charles Drew Medical Center (EPA)

APPENDIX

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April 18, 1968

Revised Training Plan for the East Palo Alto East Menlo Park Neighborhood Health Center

REVISED

TRAINING PLAN for the EAST PALO ALTO / EAST MENLO PARK NEIGHBORHOOD HEALTH CENTER

1. INTRODUCTION

A. New Career Development and Training Project Philosphy

The position of this country with regard to community health services and the need for additional health manpower has been stated by the National Commission on Community Health Services:

> "To provide comprehensive health services in the next decade will require an unprecedented effort to recruit, educate, and train additional manpower for the health team..... Research and demonstration should proceed toward a teaching program to train personnel of less than professional skills to perform limited duties within the health team." (N.C.C.H.S. Health Is a Community Affair. 1966)

The same point has been put in a different, more direct way, by the authors of the New Careers Development Project, Final Report:

> "There is no question that the fields of education and medicine are already badly understaffed, that population growth alone vastly increases the needs for these services, and that in addition people are expecting more service, and they are expecting better or more appropriate service. Professional workers are facing increasing criticism, particularly from the poor and their spokesmen, for ignoring the needs of some groups within the client population....Nonprofessionals are often used in linker roles, filling the gap between professional and client. They are thus seen not only as a supplement to professional manpower, but as providers of new and unique manpower resources hitherto unavailable."
>
> (N.I.M.H.P. OM-01616,Aug.67,p.5)

The above quotations, especially the second, reflect the philosophy of the training project designed for the East Palo Alto, East Menlo Park Neighborhood Health Center; however, all participants will be classified as professionals from the start of the training project. The trainees will be respected as professionals in terms of their understanding of the community.

Entry-level positions will be established to give opportunities for new careerists from the poor, underemployed, unemployed, and unemployable. Continued training and education will be provided along with accreditation for experience to allow upward and lateral mobility for persons entering at various levels of experience and training. Any system of training must be hierarchical. Trainees must have upward mobility to supervisory positions and not be excluded from these positions because of formal education requirements. Job upgrading with increasing levels of responsibility must be provided middle level professionals. Competency, which needs to be distinguished clearly from qualifications, will be the primary criterion in the selection process and advancement.

Comprehensive family-centered health services can be delivered in the most effective way if plans for better manpower training and use include all levels of health careers from the beginning new careerist to the top professional. Thorough assessment of the effectiveness of the program is essential. Strengths and weaknesses must be identified in order to improve performance and to keep the people -- both professional and patient -- from being cheated.

B. Goals of the Training Project can be stated as follows:

1. To inform the community of the Neighborhood Health Center and its services.

2. To respond to the needs of the community and to improve the welfare and well-being of the community by any means possible.

3. To provide residents of the target area with employment and training, which will allow them to advance upward and laterally in the health and allied fields.

4. To develop a supply of well-trained manpower for the health-medical team.

5. To equip health professionals with the awareness and insight required for working with minorities and/or poor people.

6. To develop a model program which could be adopted in other areas in this country and overseas.

C. Recruitment

1. Trainees will be recruited from the East-of-Bayshore community. They may be from 18 to 55 years of age;

previously unemployed, unemployable, or underemployed. They will be paid by the Neighborhood Health Center during training. On satisfactory completion of their training, the length of which will depend on the positions being trained for, there is a reasonable guarantee of a job.

2. The following methods will be used in recruitment:
—local newspaper advertisement
--churches
--other anti-poverty programs
--distrubution of hand bills
--radio stations, etc.

3. Applicants will be informed of the following:
a. Aims and purpose of program;
b. What trainee can expect: stipends, hours, docking for lateness, holidays, testing, core curriculum, training sites, comprehensive physical examination.
c. Selection will be made by Education Coordinator and the Training Committee.

4. Desired characteristics of successful candidates:
a. Positive attitude toward self and others;
b. Resourcefulness, imagination, alertness;
c. Good judgement, (not necessarily clinical);
d. Sensitivity to others;
e. Potential for learning;
f. Flexibility, etc.

II. THE CORE CURRICULUM

A. History and philosophy of the Neighborhood Health Center.

Emphasis will be on attacking health problems in a manner that is comprehensive and socially meaningful to the community. The Center will take as much [illegible] community health as individual health. It will become involved in promoting better housing, better schools, better sanitation, better jobs, etc. In essence, the Center will be concerned with the health and welfare of the community. This means providing the best available medical care -- comprehensive, hospital-affiliated, family-centered team practice. It involves stimulating community concern to improve its own health care. It confronts the self-perpetuating problems of the unemployed by creating a training program to employ neighborhood residents in the provision of health services.

Medical services will be family-oriented: each family will have its own team of physician, public health nurse, and "family health worker." The family health worker is a neighborhood resident trained as a health assistant and a social "advocate." He or she will provide patient care and social case aide services, in the home, to all age groups. Specialists in all the medical fields will provide services as required in the Health Center. Prevention, diagnosis and treatment will all be combined.

The Neighborhood Health Center training program fulfills the major goals outlined in Part I, B, above. The community professionals will help inform the community of the Neighborhood Health Center and its services. They will be trained for a key role in responding to the needs of the community and in improving the welfare and well-being of the community. The program will provide much-needed jobs, and jobs with a real future, in a community where

there is a high level of unemployemt. Well-trained personnel will be supplied for the Health Center facilities and other health agencies such as the local hospitals. The program will help prepare local residents for both existing careers (from laboratory technologists to physicians) as well as for new careers in the health and medical field. (See Part III for futher description). Finally, the health professional will be equipped with the sensitivity and insight required for working with minority and/or poor people.

B. Organization of the Neighborhood Health Center

The organization of the Neighborhood Health Center will be explained to the trainee in such a way as to make him or her feel an integral part of the Center. The following points will be covered:

1. Policy-making and advisory personnel
   a. Board of Directors
   b. Committees of the Board

2. Administrative personnel
   a. Project Director
   b. Co-Director
   c. Business Administrator and his staff

3. Training personnel
   a. The staffing pattern of the training program will be determined by the Educational Coordinator. Those to be involved in the instruction will include: Public Health Nurses, educators, lawyers, professional staff members, and outside guest lecturers who are experts in their fields.
   b. The training staff will be responsible for:
      (1) Task analysis and training
      (2) Supervision and evaluation
      (3) Training stipend - liaison with administrative and health professionals
      (4) Counseling
      (5) Job placement
      (6) Follow-up
   c. It will be the responsibility of the Educational Coordinator to see that costs of the administration of the trainign program be kept to a minimum. Where possible, consultants will be recruited as volunteers. The Educational Coordinator will require freedom and latitude in the selection of consultants, many of whom for this reason must be recruited as volunteers.

4. Medical and Health Services will be provided through:
   a. Medical/Dental Teams;
   b. Supportive Services Department;
   c. Community Health and Development Center.

C. Detailed Outline of Core Curriculum (15 trainees initially) + one Supervisor.

The Core Curriculum is a general orientation to the Health/Medical field. It will last eight (8) weeks. It includes classes and direct experience acquiring basic health skills; a survey of community resources; social problems and legal rights; health careers; community development problems and solutions; counseling; and academic improvement.

1. Working conditions
   a. This is a full-time day training program for 8:30 a.m. until 5:00 p.m., five days per week. The stipend requested for the first two months of training

will be $400 per month and a 2-5% increase for the following period of On-the-Job training. The stipend will be related to blocks of time (e.g. 6 month intervals). The stipend will also be related to performance as evaluated, according to specific criteria.

b. The number of workers will be determined by both training and service functions.

c. In this training program and in the trainee's future health job, he will be responsible for the following:
His feelings about himself and his work;
Helping himself;
Helping the other trainees (as individuals or in a group);
Helping other people;
Helping the community improve its general health and welfare;
Helping the Neighborhodd Health Center;
Developing positive working relationships within the training group, with the training staff, and beyond this, the community;
Keeping in touch with training and counseling staff;
Prompt and regular attendance;
Completion of assignments, (e.g. following up commitments made to people in the community);
Record keeping;
Professionality;
Confidentiality.

In order to live up to all these responsibilities, the trainee will need self confidence. He must believe in his ability to "get things done." Other trainees, the training staff, the development of a mutually supportive relationship between trainees and health professionals, and the response of the community to the trainee, will be factors essential to the development of professional self-esteem.

2. Course locations
The following locations will be used as settings for the training:

a. Classrooms;
b. Homes;
c. Streets;
d. On-site visitations.

3. Role of the trainee in curriculum-building.

Courses will be so scheduled that trainees will spend part of their day out of the Center talking with community people or visiting other medical-health facilities. During part of the following day, time will be spent reviewing their experiences of the provious day. This will include learning where and how to get information needed to meet the needs of the community people contacted. The trainees will be expected to return to the community persons contacted with the information requested. There must be follow-up in every case, even when they are unable to offer solutions to recognized problems. Time will be spent evaluating their contact, whether it was in a home or on the street. Time will also be used to evaluate on-site visitations.

A most meaningful core curriculum can be created only if the trainees help the instructors design the curriculum contents. To this end, a seminar pattern will be employed. Trainees will take responsibility for gathering background information on selected topics and for leading the seminar. Class sizes will be no larger than 12-15.

4. Course descriptions.

Health Careers

The purpose is to acquaint the trainees with the various occupations available in the medical/health field. Special emphasis will be placed on preparation and development of positive attitudes toward their career choice.

Contents will include:
- Qualifications for each occupation
- Numbers of jobs available in the Center
- Practical and realistic on-site observations
- Interviews with established professionals in each occupation

Social Problems and Legal Rights

The aims are to acquaint all with the various roles of the Community Health Organizer, Family Action Specialist, and Community Action Specialist; the problems of Community Health and their Solutions, and how to obtain information required for problem solving.

Community Development - Problems and Solutions

To acquaint the staff with:
- Community resources - agencies, people, community action
- Consumer information - the mechanisms impeding community development, example; County government designed for white affluent residents of County, gerrymandering.

Sociology of Black People

This is a unifying study of all aspects of black people, including past and present history, and social and cultural patterns, with the aim of giving the black man a sense of wholeness and identity with rich heritage.

Basic Health Skills

Basic Home Nursing Procedures: Meeting needs for comfort, food, cleanliness (bedmaking, bed bath, feeding); Cleansing enema; Temperatures; Pulse and Respirations; Handwashing; Reduction of fevers; Recognizing conditions under which medical attention is urgently needed.

Recognition of disease through personal observation.

First Aid (leading to Red Cross certification): Artificial respiration; Burns; Wounds; Poisoning; Unconsciousness; Convulsions; Electric shock; Rate bite. (NOTE: FIRST STEP TOWARD UPWARD MOBILITY)

Family living; What to buy, how to buy, budget, best buys, etc. Best ways to clean in the home; nutrition.

Family planning

Pregnancy: Anatomy and physiology; Before birth, after birth.

Care of Aged: Common medicines; Medicare & Insurance information; Conditions of using medicine: precautions, dangers.

Academic Improvement, where necessary

After trainees begin to deal with the problems which will confront them in the training program, and in conjunction with the philosophy of upward and lateral mobility, those who require it will be provided with special help. Negotiations are now in progress with the Day School in East Palo Alto and Sequoia Evening School in Redwood City for assistance in the following subject areas:

Math
Reading
Writing
General Language Skills

The Educational Coordinator with the certified professional staff, will establish an On-the-job Training System whereby basic technical-medical vocabulary or other basic education problems the trainees have will be fed to tutor planners. The tutors will use this information for tutoring and as a group will begin to develop materials with sensible progression for use by future trainees. Negotiations are now in progress with the American Institute for Research for assistance in this area.

Also included in the area of academic improvement will be the use of On-the-job Training as a means of perparing for high school equivalency, as a minimum certification for each trainee (this is another upward mobility step). In addition, vocational guidance will be provided for further education.

Each technical job category may be utilized as the initial step on a "career ladder" for a trainee who demonstrates the potential capability for more advanced academic learning which is directed toward the attainment of autonomous professional or administrative skills or creative skills. Trainees who are found to be soundly motivated toward such personal career development and who are found to be qualified by objective evaluative procedures shall be encouraged to pursue academic programs of training beyond the non-professional level. In the training of persons for such technical skills as those of dental chairside assistant, dental hygenist, laboratory technician, etc., the program, faculty, and educational facilities of the College of San Mateo shall be utilized in an appropriate fashion. It is contemplated that trainees for such technical job categories will divide their time, during their periods of training, between the campus of the College of San Mateo, where they will receive didactic instruction and basic classroom and laboratory experience, and the Neighborhood Health Center, where they will have the opportunity for field work in specific job skills under professional supervision. In addition to the College of San Mateo, negotiations are in progress with other Bay Area institutions of higher education.

5. BASIC SUPPORTIVE SKILLS.

The trainee will find the following supportive skills emphasized in courses:

a. General skills

listening
answering phone
greeting people -- making patient feel comfortable
taking messages
recognizing problems
interviewing and probing when appropriate -- neutral interviewing - leading questions - bias
making referrals and follow-up
helping professionals and patients to understand each other
asking questions
explain to and inform patients
use judgement (what to tell patients)
how to contact patients
ensuring that precise and meaningful messages are transmitted from the health professional to the patient and from the patient to the health professional.

b. Human ethics

why you must not repeat confidential information
danger of giving medical advice
patient's consent and control
tell him what you propose to do and ask whether he wants you to do it.

c. How you feel about patients

being available so that people feel free to come to you with their problems
being sensitive to people's feelings -- avoiding "bullying" "doing with" instead of "doing for"
do not expect patients to be grateful
patients' rights
you are responsible for helping patients
encouraging patients to become helpers
encouraging patients to help themselves and others

d. Working with the personnel office

finding a job
job interview
grooming
how to act
what to bring with you
applications and resumes

do not leave gaps
what you should tell

e. Working with fellow workers

teamwork and cooperation: The purpose is to help patients and to make work more livable
the problem of rivalry
the need for noticing and understanding the feelings of other workers
the need for openness about what is bothering you

f. Working with Supervisors

How do you hold a job?
be reliable
be punctual
telephone in when you must be absent or late
admit when you have not done what you promised to do

Learn on the job
ask questions
accept criticism
admit your mistakes and learn from them

How to cope with anger and frustration
understand someone else's feelings or point of view
have a sense of humor
be open -- talk about what is bothering you

Follow instructions
listen
take notes
read instructions
ask questions

Keep your supervisor informed about your work
report to him
know when and how to keep written records

Qualities that make you an outstanding worker
use good judgement (common sense)
be tactful
assert yourself
imagination (think of new ways to solve problems)
initiative (see what needs to be done and suggest to your supervisor that you should do it)

g. Working with Subordinates

respect the people whom you supervise
be considerate
know how to give instructions clearly and tactfully

be courteous (don't bully)
do not emphasize your status --
make subordinates feel like equals
understand his feelings and his problems

h. Personal problems related to work

payroll - paycheck
budgeting
child care
phone
insurance
income tax
medical care
relation to neighbors
status, respectability, prestige -
will your new job make you feel different from your neighbors
is this good or bad?

6. COUNSELING FOR TRAINEES

a. Purpose:

to help him express his concerns
to help him do a better job
to help him find satisfaction in his work

b. Techniques used:

individual counselling
group discussion

7. IN SERVICE TRAINING

In Service Training will be a continual, integral part of the success of the project. It will include both trainees and professionals. Its aims are:

(a) To equip professional workers with the sensitivity and insight requried for working with minorities and/or poor people,

(b) To have the trainees educate the professionals to the sensitivities of the community, its problems and possible solutions.

(c) To have the trainees feel competent as professionals.

(d) To alleviate the professionals' fear and/or resentment of the new career concept.

(e) To meet the needs of the staff as they see them in order to provide better services at the Center.

On the one hand, the onus is on the professional for making the trainees feel comfortable; on the other; the trainee has a unique

cpportunity to help the professional gain some understanding of the Black Community.

III POST CORE CURRICULUM

A. Some of the types of occupational categories for which paramedical personnel are required include:

Dental Assistants
Medical-Clerical Workers
Medical Assistants
X-Ray Assistants
Rehabilitation Assistants
Recreation Assistants
Occupational Therapy Assistants
Pharmacy Technicians
Family Health Workers
Homemaker-Home Health Workers
Health Education Assistants
Social Service Technicians
Laboratory Technicians
Nutritional Assistants
Electrocardiography Technicians
Ambulance Drivers

Positions which will be trained for through the Neighborhood Health Center Training Program include:

Existing Careers	New Careers
Dental Assistants	Family Action Specialists
Medical-Clerical Workers	Community Action Specialists
X-Ray Assistants	Outside Community Liaison
Laboratory Technicians	Nutritionist
Home Economist Assistants	Billing-Posting Insurance Clerk
Pharmacist Assistants	V.D. Epidemiologist
Childcare Director	Intergroup Relations Specialists
Medical Assistants	
Electricardiograph Assistant	

More positions will be added as the training program develops and as new positions are created. In each case, with success in the recruitment of candidates having characteristics defined earlier, it is predictable that certain trainees will be found to be qualified and will elect to go on to such careers as physicians, dentists, psychiatrists, etc.

The trainee's choice, his counselor, and his on the job supervisor will aid in guiding into the most appropriate health career for his skills. Various alternatives will be tried for lateral mobility. Upon the narrowing down of these alternatives vertical and lateral mobility will become more defined.

B. On-the-Job Training starts upon the completion of the eight week core curriculum. It can range from one month to seven or longer. With the development of the Medical/Dental team concept and the configurations that the Permanent Center has taken on at this point, below are more

realistic pictures of the staff (trainees) needs: O indicates number needed. ↑ indicates upward mobility.

1, Medical/Dental Team

A. (10) Medical Office Assistants (trainees) which can lead to
   1. License Vocational Nurse
   2. Registered Nurse

B. See 4 for medical-clerical break-down

C. Dental

1 Dental Director
18 Dental operatories
6 Dentists (General Practice)
6 Chairside assistants -- two should be school qualified at the opening of the interim clinic, and can be used to help train others.
2 Chairside assistants (For Specialists) may be derived from interested and capable persons from the above group. Can be given outside instructions in consultant's office.
(6) Chairside trainees
(4) Floating trainees (Central X-ray, Central sterilization Hygienist, Records)
2 Dental Hygienists (One of whom is an educator)
2 Dental Hygine operatories
1 Central Dental X-ray complex (Consisting of a pan-o-vision machine, and a standard x-ray machine)
1 Dental X-ray technician } Qualified to use Pan-o-vision
1 X-ray technician ass't. } Extra Oral X-rays
(2) Dental trainee } Instruct assistants
1 Dental Technician Qualified with lab. management experienc
1 Dental Technician Assistant or apprentice Trained, but wil work under lab technician
(2) Dental Lab. Trainee
(1) Dental clerk - record keeper - typist
8 Dental specialists - part time

Note the flexibility in specialization or lateral mobility among the "Floating trainees" and Specialty chairside assistants.

2. Support Services Department

1, { 3 Medical laboratory technicians
   { 3 Medical laboratory technicians assistants
   { (3) Medical Laboratory technicians trainees

2. 2 X-ray technician
   2 X-ray technician assistants
   (2) X-ray technician trainees

3. 2 Pharmacist
   2 Pharmacist assistants
   (2) Pharmacist trainees

4. 1 Radiologist
   1 Radiologist assistant
   (1) Radiologist trainee

5. 1 Electrocardiograph technician
   1 Electrocardiograph assistant
   (1) Electrocardiograph trainee

6. 1 Venereal Disease Epidemiologist
   (1) Contact Interviewer-trainee

3. Community Health and Development Center Personel Requirements.

The community mental health workers, associates and the community development specialists programs will be developed by the Director in conjunction with Community committees, the psychiatrist, and the Educational Coordinator.

1- 1 Home economist - degree
   (1) Home economist assistant (trainee)

2. 1 Nutritionist
   (1) Nutritionist assistant (trainee)

3. 1 Child care Director
   (5) Child care trainees

4. Family action specialists - Psychiatrist and psychologist
   Family action or problem specialists*--to work directly with teams in each of the medical areas and whose training and orientation is toward disordered or suffering individuals and families with enviromental problems or illness, people who are not making it on their own.

	3+	Consultants & Center staff
	1	Supervisor & trainer
	6	Junior or senior specialists (1 per team)
	(3)	Trainees (1 per team)
Total	10 (+ consultants & staff)	

5. Community action specialists - Public Health Nurse
   Community action specialists--to work directly within the Community Health and Development section and whose training and orientation is toward prevention of disorder

and illness through community education, development, and organization by means of involving community groups, blocks, and families in community affairs, group encounters, and all sorts of community action. Industry involvement, job development, placement, and counseling should be core functions.

1 Supervisor & trainer
3 Senior community action specialists
6 Junior community action specialists
6 Trainees (1 per team)
Total 16

6. Inter-group Relations Specialists

Some of the community action specialists would be specifically assigned to work in the white community, since major causes of "poor health" are rooted in the white advantaged community. **Since this is the case, inter-group relations will be stressed.**

3+ Consultants & Center staff
1 Supervisor & trainer
4 Junior & senior outside community liaison
2 Outside community liaison trainees
Total 10 (+consultants & staff)

7. Medical/Clerical Staff

1. 6 Medical - General - Transcriptioners (include billing & posting & insurance clerk
   6 Medical - General - Transcriptioners trainees

2. 1 Medical record librarian
   1 Medical record librarian assistants
   2 Medical record librarian trainee

3. 1 Secretary - Clerical clerk-typist
   2 Sectetary - Clerical file clerk trainees
   2 Secretary - Clerical receptionist trainees

IV. POTENTIAL ON-THE-JOB PLACEMENT: ALSO POTENTIAL EMPLOYERS AFTER TRAINING

After completion of orientation, the following local institutions will be requested to accept trainees for on-the-job technical experience.

1 Crystal Spring Rehabilitation Center
2 Veterans Hospitals (M.P. & P.A.)
3 Department of Public Health
4 Stanford Hospital
5 Kaiser Hospital (R.C., Santa Clara)
6 Mills Hospital
7 Peninsula (Burlingame)

8 Higher education - advanced training
9 Neighborhood Health Center
10 Further specialization in health or other professional - technical fields, i.e. Intergroup Relations Specialists, lab. technicians for drug firm.
11 Industrial Placement
12 Sequoia Hospital (Redwood City)
13 Nursing Homes

V THE TRAINING PROGRAM MODEL & the supporting educational learning theory

In developing a demonstration education and training program such as the one being developed by the Neighborhood Health Center, a conceptual framework or broad outline of the various parts of the program and the way they fit together, is indispensable. Such an outline helps the staff think through the possible training alternatives and enables them to keep track of what is going on. Also, data gathered according to a well-defined outline can provide others outside the project with information which they could use in developing other projects.

There are three parts to what follows:
--The skeleton outline of the Training Program Model;
--A description of the component parts of the model;
--A discussion of basic assumptions about learning and ways in which these assumptions will be implemented.

(PLEASE REVIEW TRAINING PROGRAM MODEL, ON NEXT PAGE)

Description of the component parts of the model.

I. The Training Program Model consists of two parts:

A. Infrastructure
B. Recruitment, Training and Placement Process

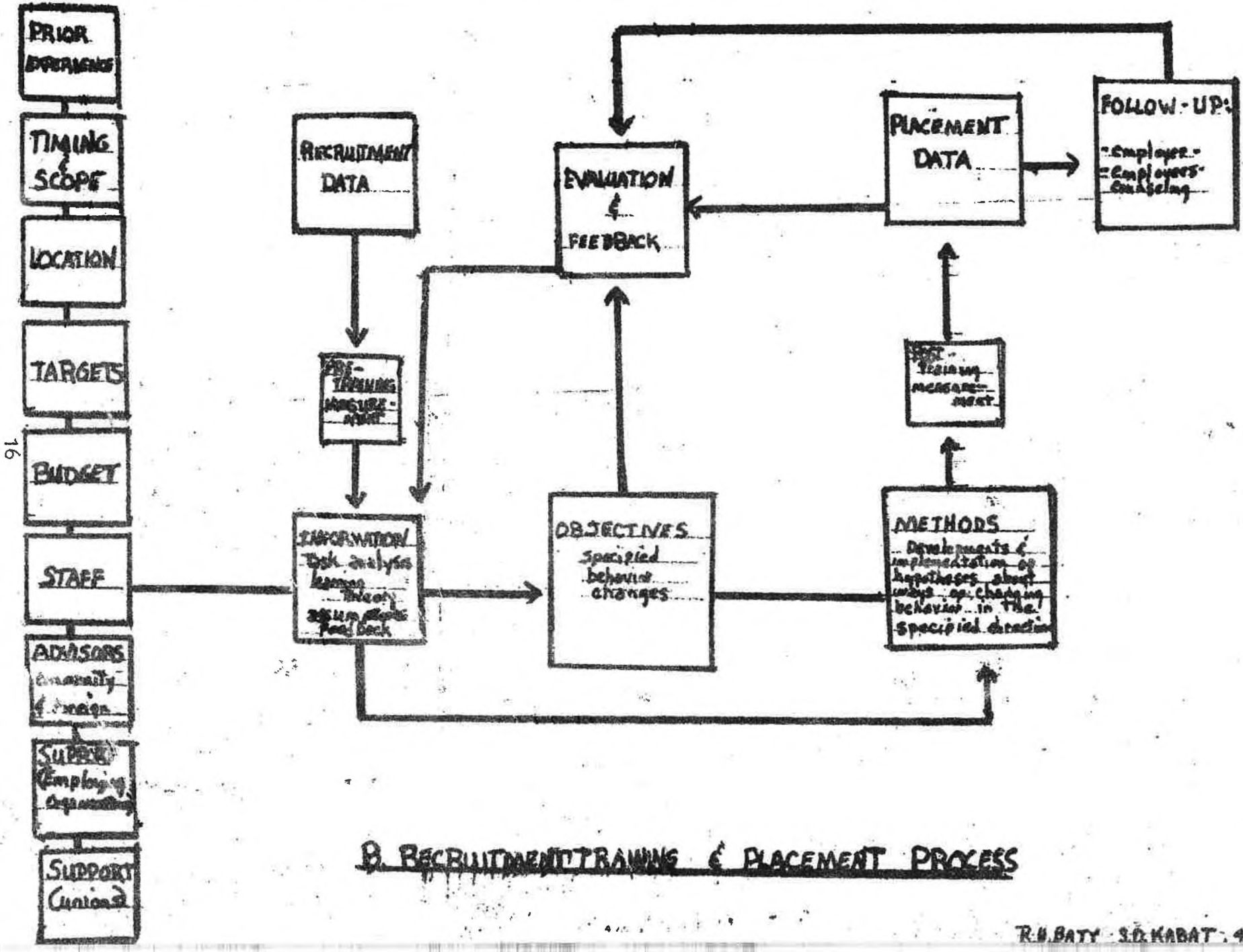
Decription of A.:

The infrastructure consists of the elements which make up the context and foundation of the training program. The contents of the elements are based on the vast number of decisions which must be made during the planning stages of the project. Many of the decisions which contribute to the development of the infrastructure will have important consequences for the training project itself. Decisions regarding the location of training and the targets of the project, for example, will influence the nature of the training program.

Description of B.:

Decisions made that relate to infrastructure will determine to a large extent the nature of the recruitment, training and placement process. But it is important to emphasize that the training pro-

I TRAINING PROGRAM MODEL



B. RECRUITMENT TRAINING & PLACEMENT PROCESS

R.H.BATY S.D.KABAT : 4/1968

gram will have built-in flexibility in order to respond quickly and effectively to unanticipated events and changes as they take place. Flexibility and relevance will be developed through a system of evaluation and feedback. Data from this process will be used in counseling the community and health professionals and in curriculum development.

The training process itself begins with recruitment. Following our assumptions (discussed below), the characteristics of the recurits will have an important bearing on the content of the training program. This is in keeping with the learning principle that one must start where the students are.

Pre-training measures will be taken to help determine where the students are. A present-skill inventory will be included. If possible, some of those who apply but are not admitted to the training program due to the quota's being filled, will be followed up by way of comparison with the group that receives training. This information will be essential in determining the effectiveness of the training program. By knowing what happens to those who do not receive training the Educational Coordinator will be able to arrive at a total picture of the effectiveness and impact of the training program in the community.

Information about the trainees will be combined with what is known about teaching adults. Since very little has been developed in this area of education and training, it is even more essential that careful record is kept of the experience of this project.

Information ~~gathered~~, combined with the ~~instructional~~ objectives, will have an important bearing on the methods which will be selected for use in the training program. In the course of developing methods, great interest will be given to discovering "what works". Findings of this sort will be extremely valuable for other human resource development projects.

Following the core training, post-training measures will be taken to record trainee progress. This information will be used in counseling the trainee as to the direction his further On-the-Job Training might take, as well as his plans for continued academic improvement.

Evaluation of the training program will be conducted on the basis of placement data and subsequent job-experience data gathered from careful follow-up and counseling. The use of the evaluative data has been described above.

The following section explores the assumptions and manner of their implementation in greater detail.

SCUSSION of basic assumptions about learning and ways in which those sumptions will be implemented.

A number of basic assumptions about learning will be applied in the

training program. Principal assumptions are listed below. Following each assumption, a method of its implementation is suggested.

Assumption 1. Different individuals may approach learning and problem solving situations in different ways.
Implementation: Instructional methods must be developed which offer a range of alternatives to the learner. At least four different methods of learning will be employed:

a) Projects will be planned and conducted by teams. The projects will emphasize learning by doing.

b) Group lectures and discussions dealing with structured subject matter.

c) Individual instruction and coaching.

d) Small group unstructured discussions, often involving comminity and health professionals.

Attempts will be made to determine and use the methods that are most effective.

Assumption 2. Learning is most rapid and permanent when what is learned is a vital skill which the learner perceives to be important to himself and relevant to his future.
Implementation: Learning facts for the sake of learning facts is not the approach that will be followed. The training program will concentrate on those skills and understandings which will help the training personnel achieve their career aspirations. Team projects, for example, will help provide the means for the participants to develop skills which they will need in the community.

Attempts will be made to match training personnel with their future job assignments or options early in the training program. It is hypothesized that this will increase the realism of the training program and the relevance of the training period to the employment which is to follow.

In order to maximize the relevance of the training program to the participants, they will be involved from the start in the development of, and the operation of the training model. It is hypothesized that this policy will help build a feeling of responsiblity for the success of the training program and thus contribute to over-all project success.

Assumption 3. Learning is more effective when it results from an effort to find answers to "self-initiated" questions.
Implementation: High priority will be given to the search for new ideas and invention of new ways of coping with existing problems. Every care will be taken to avoid the possibilty of "training-out" important skills and insights which the participants will already have developed prior to training.

Self-initiated questions are expected to be used as the basis of some

team projects. The teams may plan their projects around questions they hope to answer. The Community Survey, for example, will include questions initiated by the participants.

A climate of asking questions will be encouraged. Trainees will be asking questions of the staff regarding technical skill development. In some areas, it will be obvious that the trainees can offer a great deal to the professionals working with the project. For example, the professional staff will need to consult the trainees for advice and instruction in human relations skills. Trainees will have a great deal to offer in the way of insights required for serving effectively in the Black community. The learning climate will be one in which restraints on communication such as race, class, and status differentials, will be replaced with the awareness that all participants in the project -- trainees and staff alike -- have something to give and to learn from each other.

Assumption 4. Game activities and role-playing can be the source of important learning which can transfer to "real-life" situations. The role-play method will be used to acquire interview skills and group skills needed for working with people in the community. Tape recordings of interviews may be made and the play-backs will provide input for evaluative techniques might be improved. During play-backs , criticial incidents will be concentrated on and alternative strategies for coping with the incidents will be discussed. Role-playing will then be used to try new approaches.

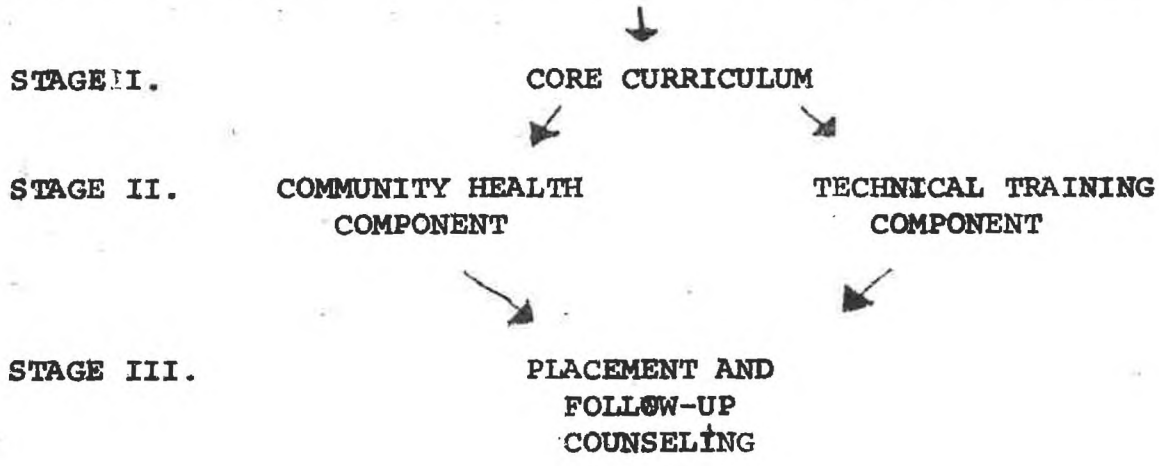
Another method will be the simulation experience. For example, the training group may simulate an organization. The importance of communication would emerge if groups were given one task to be accomplished under different sets of directions which would consist of controls on communication channels. The results of different groups using different techniques could then be compared and used as a basis for discussion of ways of overcoming obstacles in communication.

Assumption 5. Learning to understand one's self become a way of learning to understand others and to understand social phenomenouns in general. Implementation: Training and discussion groups comprising health and community professionals should develop freedom to express their feelings about one another and about the system, the community, and their future. This kind of open and honest communication should help all participants to understand how they are perceived by others. This will help develop communication across traditional behaviors and improve the on-job performance of both community and health professionals.

SUMMARY: The over-all design of the training content

The content of the training program can be viewed as consisting of three components: Basic Skills, Community Health Skills, and Technical Skills. The Core Curriculum consists of content common to all three skill-components. The program will begin with the core curriculum and branch

out toward Community Health Skills or Technical Skills. In other words, at the beginning of the training program there will be one option: the core curriculum. At the post-core curriculum stage there will be two options: the Community Health Specialist option, or the Technical Health Specialist option. As indicated earlier, each basic option will consist of several categories or sub-options. In addition to the alternatives described, the trainee will also be provided the opportunity of further academic improvement. The following diagram illustrates the several options available to the trainee.



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BUDGET REVISION, TRAINING

From: 7-1-68 to 6-30-68
7-1-69 to 6-30-70

If the presented permanent facility design is approved, the following budget will be necessary to preserve effectiveness of health/medical services yet allow upward and lateral professional mobility.

PERSONNEL ( ) number of trainees	6-30-69	6-30-70
* A. Trainee - Stipend, requested $400/month (1st 8 weeks)	$153,600 (32)	$297,600 (62)
Additional 12% fringe benefits include annual leave, sick leave, major medical and life insurance now in process of negotiation, and 5% annual incremental increase.	18,432	35,712
B. Consultants (volunteer preferably)	2,000	2,000
C. Personnel Mileage: Staff and Trainees @ 10¢/mile	4,000	4,000
D. Trainees books, notebooks, supplies (@ $55/year per trainee)	1,760	3,410
E. Trainees initial uniforms (@ $30 per uniform)	960	1,860
** F. Tuition for academic advancement if must send trainee elsewhere (averaging @ $425/year)	6,800 (16)	14,025 (33)
G. Classroom materials	2,500	2,500
H. Equipment 1. Portable tape recorder @ $100 2. Recording tapes @ $400 3. Movie projector @ $450 4. Film Strip Projector @ $300 5. Misc. films, tapes, film strips (rental and purchase) @ $500 6. 2-record players @ $80	1,910	910
I. Professional library books, @ $5.00/book	750	250
J. Community Materials 1. Health information-pass out flyers 2. Health information-pamphlets 3. Health information-posters 4. Miscellaneous	730	500
	$191,442	$362,767

*, ** See following two pages

* RATIONALE FOR $400 STIPEND FOR TRAINEES (Refer to A on P. 22)

The cost of living in the East of Bayshore community has been shown to be higher than exists in other poverty areas of California and in other parts of the United States. This has been documented by our Welfare Division of the San Mateo County Department of Public Health and Welfare.

Because it is known that recruitment of trainees is impossible unless and adequate living stipend can be offered during the period of training, and particularly because this program considers it important that a meaningful number of male trainees be recruited, the monthly stipend of $400 is viewed as a reasonable minimum for the East Palo Alto/East Menlo Park (East of Bayshore) community.

This issue has been discussed by the Board of Directors of the Health Center. The Board has agreed that the $400 monthly stipend is reasonable and appropriate.

We want to encourage welfare recipients and those with marginal jobs. We hope that you can give our package favorable consideration because we are dealing with pressing needs.

** RATIONALE FOR INCLUDING ACADEMIC ADVANCEMENT INCENTIVE (Refer to F on P. 22)

The provision for tuition assistance if it is necessary, is an important part of the philosophy of the Health Center. Advancement up the career ladder cannot be accomplished without additional academic training, in many cases. Two years of junior college are required for a credential as a Dental Assistant, for example. In keeping with the aim of the program's goal of not providing dead-end jobs, provisions must be mad for trainees to finance this further education, where necessary. Many vocational training programs and supplementary course experiences cannot be had free. Further, academic advancement is one of the requirements for evaluating the progress of the Health worker. If provisions are not made to encourage the academic advancement of the Health worker, the Center will succeed in creating more problems and frustrations for the minority Health worker. Adding financial assistance will be the best way of demonstrating our plan for the Health worker which is to help him move upward and/or laterally in the Health field and out into occupations with a real future.

I. ADDENDUM - REVISED TRAINING PLAN

A. Sufficient Day Care facilities through other programs are not available to all our trainees, therefore Day Care facilities must be provided at the Neighborhood Health Center. Although trainees will have to arrange for infant care elsewhere, Day Care for children ages 2½ (toilet trained) through school age, (after-school service) will be provided. The Day Care day will coincide with the trainees' day of 8:00-5:30. The extra 30 minutes in the morning and in the afternoon will give the trainees time to leave and pick up their children without interference with the training schedule of 8:30-5:00 P.M.

B. A children's Care Service area has also been planned which will permit parents to visit their physicians or dentists unencumbered by their children.

C. Rationale for need of separate child care facilities for children of trainees and a baby-sitting facility for children accompanying their parents while parents visit their own physicians.

The child care facility for trainees will coincide with the trainees day of of 8:00-5:30 as stated in A. The rationale for two separate facilities is based on learning theory, practical experience, and most important the different each will serve.

The child-care center for out-patients is designed to serve as a temporary baby-sitting service while their parents are receiving health care at the Center.

The day-care facility for the employees of the Center will be on a permanent day-long basis. Educationally speaking it is not wise to have a constant change of individuals that the child must relate to. Young children are in need of some type of routine, therefore their sequential program would be seriously impaired by a constant flow of children entering and leaving for short periods of time ranging from fifteen minutes to an hour, or two. For example, the children could be napping when a mother brings in a crying baby for baby-sitting and disrupt 30 sleeping children as well as disrupt the routine for the rest of the day.

Finally, from the point of view of personnel recruitment, it would be almost impossible to find people who would be willing attampt to conduct a routine sequential program as well as a combined baby-sitting service within one center.

Please note, however, that the out-door play areas are combined.