NORTH CAROLINA STATE BOARD OF HEALTH,
Raleigh, N.C., July 17, 1967.

Hon. CARL PERKINS,
Chairman, House Committee on Education and Labor,
Rayburn House Office Building,
Washington, D.C.

DEAR SIR: Permit me to say first of all that I am pleased and honored to have this opportunity to present a statement before your Committee. The matter under consideration, "Community Employment and Training Programs", is one that deserves most careful attention. I personally feel the amendment to Title I of the Economic Opportunity Act merits the support of agencies such as ours.

We are especially concerned that the supply of health personnel, including those in public health, is not keeping pace with the increasing demands for health services. It is also true that often professional health staff must perform functions that could be delegated to workers with lesser training. The helping worker, or aide, can be invaluable in expanding the services that an agency such as a local health department provides both by performing many useful tasks and by freeing the professional for those functions requiring their more advanced skills.

In evaluating the employment of the subprofessional worker in health departments, the nurse or sanitarian will not infrequently say, "I don't know how we ever got along without them".

In another dimension, we have found that aides are often a valuable channel of communication. This is particularly true when they come from the same environment of the group with whom they work. Our experience has been that aides can serve faithfully and effectively to promote health education and programs in their community, and relay useful information about their community back to the health team.

It must be said that the establishment of the aide as an integral part of the health team is a challenging and difficult task. Recruitment, training, and supervision must be carefully managed. It must be confessed that not all of our attempts in the employment of the sub-professional have been successful. Usually, this is because of inadequate preparation of the agency or the professional himself, or by failure to give sufficient attention to the aforementioned details. This points out the importance of a carefully organized program to ensure that the valuable contribution of the aide to the community will be best utilized.

The North Carolina State Board of Health, and I personally, are committed to the employment of the aide in health programs. It is our conviction that the community will be the richer for this. We are already in the process of working with those community agencies, in addition to local health departments, who are engaged in this activity. Our staff is even now helping employing agencies to develop means to recruit and train their aides. We look forward to this enterprise, which we feel will be one of our more important efforts in improving both the quality and quantity of health services. Please call on us if we can be of any help to you, or if we can provide any more information. We wish to do all we can to further the cause of this program.

Very truly yours,

W. BURNS JONES, Jr., M.D., M.P.H.,
Assistant State Health Director.

MOUNT ZION HOSPITAL AND MEDICAL CENTER,
San Francisco, Calif., July 20, 1967.

Hon. CARL PERKINS,
Chairman, House Committee on Education and Labor,
Congress of the United States,
Rayburn House Office Building,
Washington, D.C.

DEAR CONGRESSMAN PERKINS: At the request of Congressman James H. Scheuer I am hereby submitting a statement for inclusion in the record of the Committee hearings which are now being held concerning amendments to Title I of the Economic Opportunity Act.

The "New Careers" approach to meeting the health manpower shortage appears to have excellent merit and in fact has been used to a large degree in hospitals quite successfully since World War II. The nursing profession has used subprofessionals to assist in providing basic nursing care to the patient with