Purpose: The purpose of this manual is to provide a framework for developing a Community Health Advisor Network by training interested community members in the knowledge and skills to help improve community health.

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Community Health Advisors (CHAs) are natural helpers in their community—people who others can turn to for advice, assistance, or referrals to appropriate resources. They may be known by other names, such as lay health advisors, *promotoras*, village health workers, community health workers, community health representatives, or peer health educators. For example, the largest program in this country, the Indian Health Service’s Community Health Representatives’ Program, has over 2,000 Community Health Representatives.

This program, called “Flying Sparks,” is part of a project of the Center for Health Promotion designed to train Community Health Advisors. Just as a spark can start a huge fire, we are hoping the sparks of community health research we have done for the last 10 years will spread the benefits of Community Health Advisors across the state and nation.

If you would like more information, please call the Center for Health Promotion at the number available on the back cover.

* In Hispanic communities, community health educators may be called *promotoras*. 
This manual contains the core information for the Flying Sparks CHA Training Program. The program is designed to be used in the following order, but can be adapted to your community’s needs.

**Before You Start CHA Training**
This section covers information on how to start a CHA Training Program in your community, how to recruit CHAs, and helpful tips and necessary steps to take before the first CHA session.

**Session 1 – Getting Started**
During Session 1, you will cover basic information on being a CHA and fill out paperwork needed to start a CHA program.

**Session 2 – What is a CHA?**
Session 2 provides more detail on the roles of a CHA along with activities to practice discussions that might occur between CHAs and community members.

**Session 3 – Our Community Vision**
During Session 3, you will discuss the past, present, and future of your community and determine the future needs CHAs see in the community.

**Session 4 – Heart Disease and Cancer**
Speakers should come during Session 4 to provide the group with information on heart disease and cancer.

**Session 5 – Learning about Our Community Health Concerns**
Session 5 will involve speakers discussing the needs identified by the CHAs in your community.

**Session 6 – Action Planning for the Community**
Based on the needs of your community, the CHAs will decide on a plan to address one of these needs through action planning.

**Session 7 – Depression and Stress**
Session 7 will be a speaker on depression and stress.

**Session 8 – Diabetes and Obesity**
Session 8 will be speakers on diabetes and obesity.
Session 9 – Planning for the Future
During Session 9, CHAs will begin to plan for graduation and special training sessions.

Session 10 – Review of General CHA Training
Session 10 wraps up the training by finalizing graduation planning, Special Training Sessions, and doing a quick overview of the different activities the CHAs have done over the course of CHA Training

Note: Other Special Training Sessions on Smoking Cessation, Nutrition, and Physical Activity are also available in the Community Health Toolbox.

Smoking Cessation Training
Smoking Cessation Training helps CHAs learn to share information with friends or neighbors about the health effects of smoking and help smokers to quit or think about quitting.

Nutrition Training
Nutrition Training helps CHAs learn to promote good nutrition and healthy eating habits in the community.

Physical Activity Training
Physical Activity Training covers how to promote physical activity to individuals and groups in the community.

We are glad you are interested in CHA Training and hope you enjoy this program!
Before You Start
CHA Training
It is important to get support from community leaders before you start a CHA program. You will need to recruit 5-7 members to serve on a CHA Advisory Council. The Advisory Council should be composed of leaders and others in the community who are well respected and know the community very well. Some roles and expectations of the CHA Advisory Council include: deciding whether to support the CHA program, identifying resources within the community that may be needed to conduct the training sessions, and recruiting potential CHAs. Members of the Advisory Council may or may not choose to go through the CHA Training program themselves.

When recruiting members for the Advisory Council, you should be able to explain the purpose of a CHA Training program. The following are some of the goals of the CHA program:

- To bring together a group of people with a common interest in improving the health of their community
- To increase knowledge about personal and community health topics, particularly heart disease, diabetes, cancer, and obesity
- To provide community members with skills and knowledge necessary to prevent disease
- To share information, knowledge, and skills with neighbors, churches, civic groups, and the general community

If the Advisory Council agrees to support a CHA program, then you can start planning for CHA Training by seeking the Advisory Council’s advice on possible facilities to be used for training sessions and identifying resources within the community that may be necessary during the course
of the training (i.e. refreshments, supplies, and facilities for special trainings or activities such as physical activity or cooking classes).

Again, the Advisory Council may be helpful in identifying people in your community who may want to join the CHA Training program. Two things you might want to share with your Advisory Council are How to Identify Natural Helpers Who May Become CHAs (page 10) and Necessary Steps Before the First CHA Meeting (page 15). You can fill out the Potential CHA List form (page 13) at the Advisory Council meeting or have members think of names at home and contact you.

The CHA Advisory Council should decide how often they will meet as a group (quarterly, twice a year, etc.) after their first meeting together.

Questions to answer at first Advisory Council meeting:
1. Do we want to have a CHA program?
2. What facilities are available for the training sessions?
3. What resources might be available for refreshments and other supplies?
4. How should we try to recruit CHAs?
5. What is the best day and time for sessions?
6. Who might be good speakers on heart disease, cancer, diabetes, obesity, stress, and depression?
HOW TO IDENTIFY NATURAL HELPERS WHO MAY BECOME CHAs

One of the key components of a CHA program is to identify people in your community who are “natural helpers” and invite them to go through CHA Training. A “natural helper” is a trusted neighbor, friend, or relative who others in your community go to for help and advice. It may take several months to recruit a group of people interested in becoming CHAs.

You can start by working with the Advisory Council to identify one or two people in your community who are well respected, trusted, and have most of the characteristics mentioned on the next page. When you are recruiting community volunteers for CHA Training, it is important to share with them the purpose of the CHA program and goals found on page 8. Ask each person identified to name two other “natural helpers” in the community who have similar interests and characteristics. It is a good idea to keep a list of people who are identified as potential CHAs (see page 13 for the Potential CHA List form). This list will be helpful when you need to make follow-up and reminder calls. Remember, your local Advisory Council should also help to identify people in the community who may want to participate in CHA Training.

When the group has identified 15 – 25 names (depending on the size of your community), you are ready to begin preparations for CHA Training!
Below are some characteristics of natural helpers and those who may be interested in becoming a Community Health Advisor

Natural helpers may have some of the following:

1. A desire to help others
2. A genuine love of people
3. Respect of others
4. Good listening skills
5. Strong communication skills
6. Patience with themselves and others
7. Resourcefulness
8. The ability to keep information private
9. The ability to accept others and respect their values
10. Interest in improving their community, whether it is a civic organization, church, town, or county
11. Willingness to advocate for others
12. Willingness to learn new information and skills
13. A desire to share information and skills with others
14. Values and experiences that are shared within the community
15. Ability to work with others toward a common goal
Please fill in the names and phone numbers of members of your community who may be interested in being a CHA or serving on the Advisory Council.

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In order to conduct the CHA Training program, you will need to find several resources as described below over the course of the training:

1. **Find a location in your community that is accessible and well known to those who may attend.** It should be a place where people are comfortable. It should also be handicapped accessible for those with limited mobility or those who have difficulty with stairs. It is best if the facility also has space for any additional training like nutrition and physical activity classes. Nutrition classes will require a kitchen with pots, pans, and a working stove. Physical activity classes require enough space for stretching exercises and aerobic activities.

2. **The training location** should have tables so people can write. Restrooms should be clean and accessible with enough soap and towels. Also, do not forget to choose a place that is not too cold or hot, and that has enough light. Good parking space is always a plus!

3. **You will need to have supplies for each session,** such as a clipboard, easel, flipchart, pencils, and paper. See the “Materials Needed” section at the beginning of each session for a list of supplies needed for that session. Be sure to review this list on page 20 prior to the first session! If you have trouble finding some of these materials, please call the Center for Health Promotion to find out what is available for you to use.

4. **Refreshments** can be served at each session. Before training starts, decide if you will have volunteers bring or donate refreshments. If you decide to buy, you should find the funds to pay for them. Refreshments should be healthy foods such as fruit trays, meat and cheese trays, or graham crackers and fruit juices, depending on your community and the
availability of funds. Soft drinks, cookies, cakes, tea, and coffee are not healthy and should not be served. Space is available in the “Materials Needed” section for each session to write down what you will have if your group chooses this option.

5. **To set the first meeting**, talk to several natural helpers and the Advisory Council about the best day of the week and time. When this decision is made, contact those on the list of potential CHAs to tell them of the time and place of the first session. You can have one person contact everyone or ask several people to develop a telephone tree.

6. **Each person has a different style of teaching.** The outlines for each session are meant only as a general guide and may be adjusted to your teaching style. If detailed descriptions of information to cover are not given, choose what you feel will work best for your group. Also, feel free to add agenda items that are right for your community. For example, in many communities, sessions are opened and closed with prayer.

7. **Speakers will have to be contacted for some sessions.** Session 5 will require a speaker(s) to cover topics identified by the group. Session 4 requires a speaker(s) on heart disease and cancer, and Session 8 requires a speaker(s) on diabetes and obesity. A doctor or nurse who can speak about these diseases may be best, but professionals from the Cooperative Extension System, Health Department, or other local health agencies (American Heart Association, American Cancer Society) could also be asked to speak. Session 7 on Stress and Depression may require a local mental health professional or counselor who deals with these
topics. Remember to contact the speakers several weeks before the session they will speak. Once you have identified the speakers, send each one a copy of the fact sheet on his or her topic (facilitator pages 65, 67, 89, 91, 99, and 101) and a letter from the Center for Health Promotion (facilitator page 63). The fact sheets can be used as “talking points” for a speaker’s presentation, and the letter will describe the project to the speakers and thank them for their participation. We also recommend a small “thank you” gift be presented after their presentation. If you would like to give the speaker an item provided by the Center for Health Promotion, please call the Center at least 3 weeks beforehand to request items.

8. To help you through the course of the training, a **Training Session Evaluation form** is available at the end of Sessions 1-9. These can be used to get feedback, suggestions, and comments from the CHAs after each session and shape the training to better fit their needs.

9. **Please return the requested forms.** The Flying Sparks CHA Training is a research project of the Center for Health Promotion, funded by the U.S. Centers for Disease Control and Prevention. To help us measure the success of the project, it is important that the forms used in the training be returned to UAB. Look for reminders and checklists in each session, complete the checklist on facilitator page 139 (which lists all the forms for the entire training that should be returned), and save the Sign-In Sheets until the end of training to complete the **Attendance Sheet for CHA Training form** (facilitator page 137).

10. You should look for people in the community who could lead or help lead the Special Training Sessions on Nutrition, Physical Activity, and Smoking Cessation if your community chooses to have these programs after the General Training sessions. You can ask people like a dietician, physical education or aerobics teacher, nurse, or health educator to help with these sessions. If a person wants to know more, give him or her the manual from the Community Health Toolbox to review.
CONGRATULATIONS on volunteering to start a Community Health Advisor (CHA) Program for your community! The following hints may help you to prepare for CHA Training:

1. You have probably invited people who may not know each other. Be sure to greet each person as he or she arrives to make them feel welcome and comfortable. This will set a friendly tone for the meeting.

2. Be aware of the nonverbal and the verbal communication of participants in the group and guide the group accordingly.

3. Keep in mind that some people are reluctant to speak out in a group. Be sensitive when you ask people to speak out on an issue or to tell about themselves. One of the goals of the meetings is for the members to bond to the point where all will be comfortable enough to talk in the group.

4. Some people have trouble reading. It is a good idea to read the forms out loud to help anyone who may have trouble. Observe carefully when forms are to be filled out so that you may offer assistance without drawing attention. If you have an assistant who is working with you, this is a good task for him or her.

5. Acknowledge everything people say. Every response is important no matter how “off topic” it may seem—it is important to that person or he or she would not have said it.

6. Remember that each group has dominant members—those who speak out freely and often. Guard against them taking over and “shutting down” others from talking. Their leadership skills may be needed in the later sessions of CHA Training, particularly during Community Action Planning.
Session 1
Getting Started
Materials Needed
- Clipboard
- Sign-In Sheet
- Pencils
- Nametags
- Flip Chart
- Markers
- Refreshments

CHA Manuals
Be sure you have a copy of the General CHA Training Manual for each CHA. Also, do not forget to call the Center for Health Promotion to order thank you gifts.

Speakers:
There are no speakers required for this session, but it is time to start planning for speakers in Sessions 4, 7, and 8.

Check list before starting 1st Training Session:
- Advisory Council formed and first meeting held
- Location of first CHA Session
- Date
- Time
- Called all CHAs
- Refreshments
- Speakers identified and contacted for later sessions
- Have all “Materials Needed”
- Have reviewed Session 1 outline
Flying Sparks Community Health Advisors (CHA)
Sign-In Sheet
Date:_________ Community:___________________

_____________________________________

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Total Attending:______
I. **Welcome participants.**

II. **Tear out** the Sign-In Sheet on the previous page of your manual and place it on a clipboard. **Make sure each CHA signs in and puts on a nametag** if they do not know each other already.

III. **Fill out the information sheet.** Ask everyone to open their manuals to the Information Sheet on page 9 (facilitator page 27).
   - **Ask everyone** to give his or her name, the community they are from, and one interesting fact about himself or herself. Have them fill in each others names as introductions are made.
   - **Review training location, day, and time**
     - **Ask everyone to fill in the day in their manuals**
     - **Ask if anyone knows a date that they have a conflict**
     - **Ask everyone to call you if they can not attend a session**

IV. **Introduce Session 1** by giving a brief overview of the information to be covered during the session:
   - The roles of a CHA
   - The necessary steps to complete training
   - Forms to complete before CHA Training

V. **Introduce the roles of a CHA:** Advising, Assisting, and Action Planning. Tell CHAs to see page 10 in the CHA manual for a descriptions of the roles. Share the following:
   - **Advise:** To educate, counsel, and inform. This means sharing what you learn about health by:
     - **Answering questions** such as “How do I find out if I have diabetes?”
     - **Telling someone something** such as “Did you know that if you do not control your blood pressure you could have a stroke?”
     - **Helping someone to figure something out** such as, “If you want to be more physically active, there are different ways to do it. Let’s talk about what would be a good way for you.”
b. **Assist:** To help by doing something. This means providing a service such as transportation or referring someone to a person or organization who can provide a service.

c. **Action Plans:** To plan to do something as a group. This means working with others to build a lasting solution to a community problem or need such as obesity and the need for more healthy food in schools.

d. **Share with the group** how each of these will be skills the CHAs will learn through CHA Training.

VI. Describe how you become a CHA.

a. **Outline the training sessions, the content of each session, and the agreed upon dates.** See the Overview of CHA Training on page 4 (facilitator page 5) for an outline and content of the sessions.

b. **Discuss how many sessions participants must attend in order to qualify and receive a certificate for graduation as a CHA.** Usually, attending eight of the ten sessions is reasonable (except for illness or other excused emergencies). This means anyone who does not attend the agreed upon number of sessions will not graduate or get a certificate.

c. **Present the CHA Contract form** by asking CHAs to open their manuals to page 11 (facilitator page 28).
   i. Read through it with the group.
   ii. Have each person complete the form by going through each item and having them fill in the blanks. Ask them to sign if they agree with the items.
   iii. Tell the CHAs you will sign and return a copy of the CHA Contract forms to them at the second meeting.
   iv. **Collect the forms.**

d. Ask the CHAs to open their manuals to page 13 (facilitator page 29).
   i. **Explain the Consent to Photograph or Publish Story form** by reading the information on the top of the form. Then,
ask everyone to sign under either “permission granted” or “permission denied.”

ii. **Complete one of these forms** yourself. Tear out the copy on facilitator page 29. If you need another copy for anything later, there is an extra in the Forms section of this manual.

iii. **Collect the forms.**

e. Ask the CHAs to open their manuals to page 15 (facilitator page 31) and **fill out the Personal Background Information form** as you read it aloud. This forms helps to describe those who attend CHA Training.

i. **Complete one of these forms** yourself. Tear out the copy on facilitator page 31. If you need another copy for anything later, there is an extra in the Forms section of this manual.

ii. **Collect the forms.**

VII. **Tie it together**

a. **Review** what the CHAs have learned in this session: Role of CHAs and what the training is all about.

b. **Ask for any questions.**

c. **Remind everyone to sign the Sign-In Sheet.**

d. **Preview the next session:** Exploring the key CHA roles of providing advice, offering assistance, and developing action plans. Also, the group will practice these roles.

e. **Tell CHAs is they would like more information** to see the introductory sections of their manual describing the training program and the characteristics of a CHA on pages 3-6.

f. **Ask if anyone has any community announcements** they wish to make to the group (e.g. events taking place in other groups with which they are involved).

VIII. **Ask the CHAs to open their manuals to page 17** (facilitator page 33) and **fill out the Training Session 1 Evaluation form** as you read through it. A sample of this form is available on facilitator page 33.
The CHAs are asked to complete this form each session, but the facilitator’s manual only has a copy in Session 1 as an example.

a. **Collect these forms** and read over them before the next session to see if there are any changes you can make, such as not having the room too hot or too cold, or speaking louder.

b. **Look over Question 1** to see if the CHAs caught the main points of the lesson. If not, you may want to review some of these topics during the next session.

IX. **Adjourn to refreshments.**

**Before the Next Session:**
The CHA Contract is used to commit the CHAs to attend the training sessions. You should have a copy of each CHA Contract and each CHA should have his or her own contract. **Sign all the contracts where it says “CHA Facilitator Signature” and make a copy to keep, so you can return the originals to each CHA.**

**Forms to Return to the Center for Health Promotion:**
- [Consent to Photograph or Publish Story](#) form
- [Personal Background Information](#) form

At the end of all the CHA Training sessions, you will be asked to return forms to the Center for Health Promotion. See page 139 for a list of the forms that need to be returned. Reminders, like this one, will also be at the end of each session so you will know which forms to save over the course of CHA Training. We recommend you have one large envelope to keep all forms together.
1. Introduce Each Other.

List the names of other members on your team:

__________________________  _______________________
__________________________  _______________________
__________________________  _______________________
__________________________  _______________________
__________________________  _______________________
__________________________  _______________________

2. Training Location, Day, and Time

Location:______________

Day:______________

Time:_________ to _________
Name:________________________________ Telephone:______________
Address:____________________________________________________________________

**Participant**
1. I understand that this is a voluntary program, and I will participate.
2. I understand that the sessions will be held every __________ night.
   I understand that the sessions are to begin __________ (Month/Day) and end on __________ (Month/Day).
   I understand sessions are to begin at ___ o’clock a.m./p.m. and end at ___ o’clock a.m./p.m.
3. I understand that I must attend at least ____ sessions to become certified as a Community Health Advisor.
4. I will arrive on time for every session.
5. I will use what I learn here to help my community and will continue to use the information provided to me by the Flying Sparks Project to benefit my family and my community.

__________________________  ______________
Participant Signature       Date

**Facilitator**
1. I will start and end every session on time.
2. I will do my best to make every training session as interesting and as useful as possible.
3. After the training program, I will continue to work with you to improve the health of the community.

__________________________  ______________
CHA Facilitator Signature    Date
The Center for Health Promotion, Flying Sparks Project will be taking photos and videotaping project sessions and activities. The photos and videotapes will be used for presentations to project funders and other interested groups. The videotapes will be used to show people how to conduct the educational sessions and activities to train CHAs in other communities. The photos and videotapes may also be used in newspaper and television stories.

If you choose to give the UAB CHP Flying Sparks Project permission to use photographs or videotapes of you in project presentations and in published stories, please sign under PERMISSION GRANTED.

If you do not want photographs or videotapes of you used for project presentations or to publish stories, please sign under PERMISSION DENIED. (Note: refusing to grant permission will not exclude you from the program.)

<table>
<thead>
<tr>
<th>PERMISSION GRANTED</th>
<th>PERMISSION DENIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Print Name</td>
</tr>
<tr>
<td>Signature of Participant</td>
<td>Signature of Participant</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Witness</td>
<td>Signature of Witness</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

CONSENT TO PHOTOGRAPH OR PUBLISH STORY
PERSONAL BACKGROUND INFORMATION

1. Sex: □ Female □ Male

2. Your date of birth: ________/_______/________
   Month        Day        Year

3. County of Residence:
   □ Dallas      □ Lowndes    □ Marengo
   □ Monroe      □ Perry       □ Sumter
   □ Wilcox      □ Other_________________________

   a. How long have you lived in this county?________________________
   b. What community do you live in?_______________________________

4. EDUCATION: What is the highest grade you completed?
   □ No formal schooling
   □ Less than 6th grade
   □ 6th – 11th grade
   □ High school graduate or G.E.D.
   □ Community college graduate
   □ Bachelor’s degree or higher

5. Employment:
   □ Full-time
   □ Part-time
   □ Working more than one job
   □ Retired
   □ Disabled
   □ Not employed outside my home
6. Please check any community, church, and social groups that you currently belong to:
   □ Community or Neighborhood Association
   □ Social or recreational group (sororities, social, and savings)
   □ Labor union, commercial group, or professional organization
   □ Church group
   □ A group concerned with children (PTA, girl/boy scouts, etc.)
   □ Any other groups (please specify)_____________________________
                              __________________________________________________

7. Please list any offices that you currently hold or have held in the past:
                              __________________________________________________
                              __________________________________________________
                              __________________________________________________

8. What are the most important health problems that YOU see in your community?
   1.______________________________
   2.______________________________
   3.______________________________
   4.______________________________
   5.______________________________
1. List 3 things that you learned from today’s session.
   a. ____________________________________________________________
   b. ____________________________________________________________
   c. ____________________________________________________________

2. List anything you would like to see changed or added to the next session.
   a. ____________________________________________________________
   b. ____________________________________________________________
   c. ____________________________________________________________

3. List any additional comments or suggestions you may have.
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
Session 2
What is a CHA?
**Materials Needed**
- Clipboard
- Sign-In Sheet
- Pencils
- Flip Chart
- Markers
- Signed CHA Contracts to return to CHAs
- Refreshments

**Speakers:**
There are no speakers required for this session, but it is time to start planning for speakers in Sessions 4, 7, and 8. Remember to send speakers a copy of the fact sheet and letter (See facilitator page 16, # 7). Also, do not forget to call the Center for Health Promotion to order thank you gifts.

**Before the Session:**
- Sign the CHA Contracts, make copies for yourself, and bring the originals to return to the CHAs.
- Prepare the flipchart by writing the three roles of the CHA (1. Giving Advice, 2. Providing Assistance, and 3. Organizing Actions) on a flip chart page.
- On the top of the next 3 pages of the flipchart, write the definitions of advice, assistance, and action planning found in italics in the outline on pages 39 and 40. Be sure to leave plenty of space at the bottom of each page for the CHAs comments.
Flying Sparks Community Health Advisors (CHA)
Sign-In Sheet
Date:_______  Community:_______________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Total Attending:_______
I. Welcome participants
II. Make sure each CHA signs the Sign-In Sheet.
III. If new individuals are present, they must sign and fill out a Consent to Photograph or Publish Story form, CHA Contract, and Personal Background Information form.
IV. Review what was covered in Session 1: The roles of a CHA and the training schedule. Return signed copies of the CHA Contract.
V. Introduce Session 2 by giving a brief overview of the information to be covered: “What is a CHA?,” the roles of a CHA, and practicing CHA Roles and discussions.
VI. Discuss “What is a CHA?” by asking the group:
   a. “What are the roles of a CHA?” See if they can remember the roles from last session, then:
      i. Show the flipchart with the 3 roles listed:
         1. Giving Advice
         2. Providing Assistance
         3. Organizing Actions
      ii. Remind them that these are things they already do as natural helpers in the community.
   b. “What is Advice?”
      i. Show the “Advice” flipchart.
      ii. Advice is helping people with new health information or community information, by answering a question, telling them something, or helping them figure something out themselves.
      iii. Ask the CHAs to turn to page 21 (facilitator page 42) in their manuals. Introduce the Sample CHA Roles. Read the situation and sample “Advice” section to the CHAs. Ask the CHAs for examples of advice they could give. Use the space at the bottom of the flipchart to list examples from the group.
   c. “What is Assistance?”
      i. Show the Assistance flipchart page.
      ii. Assistance is providing a needed service or referring someone to a person or organization that can provide the service.
iii. Read the sample “Assistance” section to the CHAs from the Sample CHA Roles handout on page 21 (facilitator page 42). **Ask the CHAs for examples** of assistance they could give. Use the space at the bottom of the flip chart to **list examples from the CHAs**.

d. “What is Action Planning?”
   i. Show the “Action Planning” flip chart.
   ii. **Action Planning** is working with others to build a lasting solution to a community problem or need.
   iii. Read the sample “Action Planning” section to the CHAs from the Sample CHA Roles handout on page 21 (facilitator page 42). **Ask the CHAs for examples** of action planning they could do. Use the space at the bottom of the flip chart to **list examples from the CHAs**. Action planning will be covered in more detail in Session 6.

VII. **CHA Role-play**

   a. **Divide into 4 groups** for CHA Roles. Explain that CHA Roles are meant to get you more comfortable in providing advice or assistance to members of the community.

   b. **Ask each group to volunteer for CHA Roles 1 or 2** on pages 85-86 (facilitator pages 145-148) from the Activities section of the manual. Have each group talk about things they could say to give advice, assistance, or start an action plan in the community.

   c. If the CHAs are having trouble thinking of examples, a sample for each CHA Roles is available on the back side of each role on the facilitator copy. Try to offer an example to start a discussion.

   d. After the 4 groups have completed their discussions, **ask for groups to volunteer for each CHA Roles 1 and 2 to role-play a possible discussion** before the entire group, with one member of each group being the CHA and one being the person mentioned in the role-play.

   e. **Ask the CHAs to open their manuals to page 23** (facilitator page 43). This is the Personal, Family, and Community Health Survey form. Briefly explain how to fill in this form and that
this form is used to help figure out the needs of the community so speakers can be found to discuss these needs. Ask participants to fill in the form at home and bring it back at the next session. You can fill out a copy too if you desire.

VIII. Tie it together
   a. **Review what the CHAs have learned in this session:** More about CHA roles and how to provide advice, offer assistance, and make an action plan.
   b. **Ask for any questions.**
   c. **Remind everyone to sign the Sign-In Sheet.**
   d. **Preview the next session:** a discussion about the past, present, and future of the community, along with ideas of how the CHAs can be active in changing their community.
   e. **Ask for community announcements**
   f. **Arrange for new members to sign forms:** the CHA Contract, Consent to Photograph or Publish Story, and Personal Background Information form.

IX. **Ask the CHAs to fill out the Training Session 2 Evaluation form** on page 25 (remember copies of these will not be in the facilitator manual) as you read through it.
   a. **Collect these forms** and read over them before the next session to see if there are any changes you can make.
   b. **Look over Question 1** to see if the CHAs caught the main points of the lesson. If not, you may want to review some of these topics during the next session.

X. **Adjourn to refreshments**

**Before the Next Session:**
Sign any new CHA Contracts and make a copy for yourself.

**Forms to Return to the Center for Health Promotion:**
- Any new Consent to Photograph or Publish Story forms
- Any new Personal Background Information forms
ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:
An elderly neighbor can not drive and has problems getting to the doctor and grocery store. She turns to you for help. What can you do?

Advice You Could Give
1. Ask nearby neighbors to call before going to the grocery store.
2. Ask the grocery store about delivery options.
3. Advise them to ask around about any available public transportation or senior resources.

Assistance You Could Give
1. Offer to help them find a ride.
2. Offer to drive them to the doctor or the grocery store.
3. Offer to check with neighbors about possible car pooling.

Action Plans that Could Be Developed
1. Organize church groups to take people to the grocery store.
2. Try to raise funds to pay for a bus and drivers in the community.
3. Organize a car pool program.
You will use this survey to help decide the most important health needs in your community. To fill it out:

Circle **“P”** for three issues that affect you **PERSONALLY**.
Circle **“F”** for three issues that affect your **FAMILY**.
Circle **“C”** for three issues that affect your **COMMUNITY**.

You can circle “P”, “F”, and “C” for the same health need if desired!
For example:  **(P) F (C)“Health Need”**

<table>
<thead>
<tr>
<th>P</th>
<th>F</th>
<th>C</th>
<th>P</th>
<th>F</th>
<th>C</th>
<th>P</th>
<th>F</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidents</td>
<td>HIV / AIDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Abuse</td>
<td>Housing</td>
<td></td>
<td></td>
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<tr>
<td>Care for the Elderly</td>
<td>Immunization</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cancer</td>
<td>Mental Illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Children’s Health</td>
<td>Neighborhood Clean-Up</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Cigarette Smoking</td>
<td>Parent’s Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Cost of Medical Services</td>
<td>Public Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crime/Violence</td>
<td>Sexually Transmitted Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes (sugar)</td>
<td>Poor Eating Habits</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Domestic Violence</td>
<td>Stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>Suicide</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Employment</td>
<td>Stroke</td>
<td></td>
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</tr>
<tr>
<td>Exercise</td>
<td>Teen Pregnancy</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td>Weight Control</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>High Blood Pressure</td>
<td>Other</td>
<td></td>
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</tbody>
</table>
These questions will help plan health programs for your community:

Where do you get **health information**? (Check all that apply)

☐ Local Clinic  ☐ Health Professionals

☐ Friends  ☐ TV or Radio

☐ County Health Department  ☐ Pharmacist

☐ Magazines or other publications  ☐ Church

☐ Other ____________________________

Where do you go for **medical services**? (Check all that apply)

☐ Private Doctor  ☐ Local Clinic

☐ County Health Department  ☐ Other: Where? __________

☐ Hospital Emergency Room

What health education program or activities are most needed in your community?

________________________________________________________

________________________________________________________

________________________________________________________

How could medical service be improved?

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

**Remember! Bring this survey to your next CHA session.**
Session 3
Our Community Vision
Getting Ready for Session 3

Materials Needed
• Clipboard
• Sign-In Sheet
• Pencils
• Flip Chart
• Markers
• Any new signed CHA Contracts to return to CHAs
• Refreshments

Speakers:
There are no speakers required for this session, but it is time to start planning for speakers in Sessions 4, 7, and 8 (See facilitator page 16, # 7). Also, do not forget to call the Center for Health Promotion to order thank you gifts for the speakers.

Before the Session:
List the items from the Personal, Family, and Community Health Survey on a flip chart page so you can quickly add up the CHAs responses.

Note: There are many activities to cover in this session. It will be important to keep things moving so you do not run out of time. As you read through the session to prepare, give some thought to how much time you want to spend on each part.
Flying Sparks Community Health Advisors (CHA)
Sign-In Sheet
Date:_________ Community:___________________

___________________________________________

___________________________________________

___________________________________________

___________________________________________

___________________________________________

___________________________________________

___________________________________________

___________________________________________

Total Attending:_______
I. **Welcome participants**

II. **Make sure each CHA signs the Sign-In Sheet.**

III. **Review what was covered in Session 2:** How to help people in the community by *providing advice, offering assistance, and making action plans.*

IV. **Return signed CHA Contracts** to any new CHAs from Session 2.

V. **Introduce Session 3** by giving a brief overview of the information to be covered during the session: the past, present, and future of the community and the main concerns in the community based on the Personal, Family, and Community Health Survey.

VI. **Survey:** Ask the CHAs to open their manuals to page 29 (facilitator page 53).
   a. Ask the CHAs to complete the **Session 3 Survey** as you read it aloud.
   b. Tell the CHAs that future training sessions will cover the material in the **Session 3 Survey.** An answer sheet to this questionnaire is available in the facilitator’s manual on page 54. If the CHAs ask about specific items, use this answer sheet to respond to their questions.
   c. **CHA questionnaire:** Ask the CHAs to open their manuals to page 31 (facilitator page 55).
      i. Ask the CHAs to complete the **Session 3 CHA Questionnaire** as you read it aloud.
      ii. Collect both forms when you are finished.

VII. **Do the Community Vision Activity: Past, Present, and Future**
   a. **Explain** how this activity helps to look at the past, the present, and the future of the community by sharing memories, experiences, and hopes.
   b. **The Past**
      i. **Write “Past”** on the top of the flip chart. Write key events on the flip chart during the discussion.
      ii. Usually, this activity prompts older members to share experiences with younger members of the group. Ask the CHAs the following questions:
1. What important events do you remember from the past in your community?
2. How was life different in the past?
3. How have things changed over the past 20 or 30 years in the community?

iii. After everyone has a chance to speak, review what you have written on the flip chart and then move to the “present,” comparing it with the past.

c. The Present
   i. Write “Present” on the top of the flip chart. Write key events on the flip chart during the discussion.
   ii. Ask the CHAs the following questions:
      1. What important things are going on in the community in this day and age?
      2. What in the present day community gives you hope?
      3. How has the community improved from the past?
   iii. After everyone has a chance to speak, review the flip chart and move to the “future” of the community.

d. The Future
   i. Write “Future” on the top of the flip chart. Write key ideas on the flip chart during the discussion.
   ii. Ask the CHAs the following questions:
      1. What changes could make the community better?
      2. What would you like to see happening here in the future?
   iii. Discuss how these comments relate to action planning discussed last session which is what you can do now to improve the future. Explain that these comments will be used in Session 6 to make an action plan for the community.

VIII. Ask participants to take out their Personal, Family, and Community Health Survey which they completed at home
   a. Track the number of responses for P, F, and C on the flip chart for each health need by asking for a show of hands.
b. Identify the top 3 areas of concern.
   i. Concern 1____________________________
   ii. Concern 2____________________________
   iii. Concern 3____________________________

c. Ask the group if they would be interested in having speakers to talk about these concerns. If so, ask for their help to identify local speakers for Session 5. You may need to find these people if no one in the group can suggest speakers. If you have trouble finding speakers, call the Center for Health Promotion for more information.

d. If time permits, ask for volunteer groups for each CHA Roles 3 and 4 on pages 87-88 (facilitator pages 149-152) to practice role-play. Then ask CHAs to do a possible discussion before the entire group, with one member of each group being the CHA and one being the person mentioned in the role-play.

IX. Tie it together
   a. Review what the CHAs have learned in this session: community needs based on past, present, and future.
   b. Ask for any questions.
   c. Remind everyone to sign the Sign-In Sheet.
   d. Preview the next session: speakers on heart disease and cancer.
   e. Ask for announcements (e.g. any community events taking place in other groups with which they are involved).

X. Ask the CHAs to fill out the Training Session 3 Evaluation form on page 33. Collect these forms and look for any possible changes you can make before the next session.

XI. Adjourn to refreshments

Forms to return to the Center for Health Promotion:
- Session 3 Survey
- Session 3 CHA Questionnaire
Before the Next Session:
Next session will be a speaker(s) on heart disease and cancer. It is important to contact each speaker a few days before their presentation to remind them of the date, time, and location of the meeting. Also, be sure to start looking for speakers on the topics identified by the Personal, Family, and Community Health Survey. That session is only 2 sessions away!
The following questions are about heart disease, cancer, diabetes, obesity, and stress. Please circle the best answer for each item (true or false).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>1. Heart disease is the #1 cause of death for men and women in the US</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>False</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>2. Breast cancer is the leading cause of cancer death in women</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>False</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>3. Blood vessels getting clogged over the years may cause heart disease and stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>False</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>4. A tumor is a mass of abnormal cells</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>False</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>5. More women die from lung cancer than from any other type of cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>False</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>6. Regular screening exams can find cancer early when it is most treatable</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>False</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>7. It is important to screen for cancer even if a person has no symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>False</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>8. Cigarette smoking can increase a person’s risk of heart disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>False</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>9. A high fat diet can lead to heart disease but not to cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>False</td>
<td></td>
</tr>
</tbody>
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<th></th>
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<th>10. High blood pressure may lead to heart disease and stroke</th>
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<tr>
<td>True</td>
<td>False</td>
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<tr>
<th></th>
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<th>11. Regular physical activity can lower the chance of getting heart disease</th>
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<tr>
<td>True</td>
<td>False</td>
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<tr>
<th></th>
<th></th>
<th>12. Smoking is the most preventable cause of cancer</th>
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<tr>
<td>True</td>
<td>False</td>
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<tr>
<th></th>
<th></th>
<th>13. Diabetes can cause changes in a person’s vision</th>
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<tr>
<td>True</td>
<td>False</td>
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<tr>
<th></th>
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<th>14. Having diabetes affects a person’s blood but none of their organs</th>
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<td>True</td>
<td>False</td>
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<tr>
<th></th>
<th></th>
<th>15. Exercise cannot help prevent diabetes</th>
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</thead>
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<tr>
<td>True</td>
<td>False</td>
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<tr>
<th></th>
<th></th>
<th>16. Eating fruits and vegetables can help you maintain a healthy lifestyle</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>False</td>
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<table>
<thead>
<tr>
<th></th>
<th></th>
<th>17. Staying at a normal weight may lower a person’s risk for many diseases like diabetes, high blood pressure, heart disease, and cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>True</td>
<td>False</td>
<td></td>
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<thead>
<tr>
<th></th>
<th></th>
<th>18. Depression is a serious mental condition</th>
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<tbody>
<tr>
<td>True</td>
<td>False</td>
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<tr>
<th></th>
<th></th>
<th>19. Everyone is stressed by the same situations</th>
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<tbody>
<tr>
<td>True</td>
<td>False</td>
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<tr>
<th></th>
<th></th>
<th>20. People can learn how to manage their stress.</th>
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<tbody>
<tr>
<td>True</td>
<td>False</td>
<td></td>
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</tbody>
</table>
**Answers are in red!**

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
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</thead>
<tbody>
<tr>
<td>1. Heart disease is the #1 cause of death for men and women in the US</td>
<td>False</td>
</tr>
<tr>
<td>2. Breast cancer is the leading cause of cancer death in women</td>
<td>False</td>
</tr>
<tr>
<td>3. Blood vessels getting clogged over the years may cause heart disease and stroke</td>
<td>False</td>
</tr>
<tr>
<td>4. A tumor is a mass of abnormal cells</td>
<td>True</td>
</tr>
<tr>
<td>5. More women die from lung cancer than from any other type of cancer</td>
<td>False</td>
</tr>
<tr>
<td>6. Regular screening exams can find cancer early when it is most treatable</td>
<td>True</td>
</tr>
<tr>
<td>7. It is important to screen for cancer even if a person has no symptoms</td>
<td>False</td>
</tr>
<tr>
<td>8. Cigarette smoking can increase a person’s risk of heart disease</td>
<td>False</td>
</tr>
<tr>
<td>9. A high fat diet can lead to heart disease</td>
<td>True</td>
</tr>
<tr>
<td>10. High blood pressure may lead to heart disease and stroke</td>
<td>False</td>
</tr>
<tr>
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</tr>
<tr>
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<tr>
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</tr>
<tr>
<td>15. Exercise can not help prevent diabetes</td>
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<td>16. Eating fruits and vegetables can help you maintain a healthy lifestyle</td>
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<td>18. Depression is a serious mental condition</td>
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<td>True</td>
</tr>
<tr>
<td>20. People can learn how to manage their stress.</td>
<td>False</td>
</tr>
</tbody>
</table>
The following questions ask you how confident you are in your ability to do certain things. Please mark the box that best describes how confident you are in your ability to do the following:

<table>
<thead>
<tr>
<th>Ability to give advice or assistance to your neighbors about:</th>
<th>Confidence Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very High</td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Nutrition</td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
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</tr>
</tbody>
</table>

- **Tobacco Use**

  - Ability to help plan community Heart Disease or Cancer prevention programs
  - Ability to contact organizations to help your neighbors and community with Heart Disease and Cancer prevention
  - Ability to give your opinions or ideas to others in a group when planning Heart Disease or Cancer prevention programs
  - Ability to help solve problems that come up in a group related to planning Heart Disease or Cancer prevention programs
  - Ability to ask your neighbors to get involved with community Heart Disease or Cancer prevention programs
Session 4
Heart Disease and Cancer
Materials Needed

- Clipboard
- Sign-In Sheet
- Pencils
- Flip Chart
- Markers
- Gift for speaker (Contact Center for Health Promotion)
- Thank you notes for speakers (available in toolbox)
- Refreshments_____________________________________________________

Speakers:

Have you found a speaker(s) for next session to cover topics identified in the Personal, Family, and Community Health Survey? If so, do not forget to contact them before the next session and remind them of the date, time, and location of the meeting.

Have you found a speaker(s) on diabetes and obesity for Session 7, and a speaker(s) on stress and depression for Session 8? If so, have you sent the speakers a copy of the fact sheet for their topic and letter from the Center for Health Promotion? (See facilitator page 16, #7) Also, do not forget to call the Center for Health Promotion to order thank you gifts.
Session 4 Sign-In Sheet

Flying Sparks Community Health Advisors (CHA)
Sign-In Sheet

Date:_________ Community:_____________________

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Total Attending:_______
I. Welcome participants
II. Make sure each CHA signs the Sign-In Sheet.
III. Review what was covered in Session 3: Our community needs based on our past, present, and future.
IV. Make sure speaker(s) for Session 5 are lined up or confirmed.
   Remember to call the speakers to remind them of the date, time, and location.
V. Introduce Session 4: “Today we have a special guest(s) who will talk about heart disease and cancer.”
VI. Introduce the speaker(s) before his or her talk. Tell where he or she is from and what topic he or she will cover. If one speaker will cover both topics, let the speaker and the group have a 5 minute break between topics.
VII. Thank speaker(s) at the end of each talk and invite them to stay for refreshments if possible. Be sure to follow-up with a thank you note to the speaker(s) and, if possible, a small gift.
VIII. If time permits, divide CHAs into pairs to practice role-playing and assign each group a CHA Roles (use handouts 5-6) on pages 89-90 (facilitator pages 153-156) from the Activities section.
IX. Tie it together
   a. Review what the CHAs have learned in this session.
   b. Remind CHAs to see the fact sheets available in their manuals (pages 37 and 39, facilitator pages 65 and 67) for more information on the health topics covered.
   c. Ask for any questions.
   d. Remind everyone to sign the Sign-In Sheet.
   e. Preview the next session: Speakers will address topics the CHAs identified in the Personal, Family, and Community Health Survey.
   f. Ask for community announcements
X. Ask the CHAs to fill out the Training Session 4 Evaluation form on page 41. Collect these forms and look for any possible changes you can make before the next session.
XI. Adjourn to refreshments
Before the Next Session
The next session will be a speaker(s) on the topics identified in Session 3. It is important to contact speakers a few days before their presentation to remind them of the date, time, and location of the meeting.

Also, do not forget to send a thank you note to the heart disease and cancer speakers!
Dear Speaker,

Thank you for agreeing to speak to the CHA Training group for the Center for Health Promotion’s Flying Sparks research project. This project is designed to train local community members to become Community Health Advisors (CHAs), so they can provide health information to their community.

There are 21 communities in seven counties across the Black Belt region of Alabama involved in the Flying Sparks project. The communities are given a “Community Health Toolbox” containing information and resources related to health topics, such as cancer and cardiovascular disease, and how to prevent these conditions.

CHA Training is enhanced by speakers on health topics including heart disease, cancer, diabetes, obesity, stress and depression. Key information related to these topics is included on a “fact sheet” in the CHA Training packets.

Along with this letter we have enclosed a copy of the fact sheet. Please try to incorporate the key points from the fact sheet into your presentation. Since we are evaluating the training in many communities, it is important that speakers in different communities cover the same key points.

We appreciate your generosity in taking the time to be a speaker for the CHA Training group. If you have any further questions about the Flying Sparks project or need more information, please contact the Center for Health Promotion at (205) 934-6029.

Your presentation is:

Date____________________ Time____________________

Topic____________________ Length: Around 30 minutes

Place:____________________________________________________

For directions call:________________________________________

Thank You,

Connie Kohler

Connie Kohler, DrPH
Principal Investigator

Center for Health Promotion
2001 3rd Avenue South
Suite 1081
Birmingham, AL 35233
What is Heart Disease?

Heart Disease (or coronary artery disease) occurs when fatty material and plaque build up on the walls of the blood vessels that supply blood and oxygen to the heart (coronary arteries). This build-up in the arteries makes the path for blood smaller, causing a shortage of blood to the heart. Heart disease is the #1 cause of death for men and women in the U.S.

If not properly treated, heart disease may lead to:
- Chest pain
- Shortness of breath
- A heart attack
- A stroke

How can I learn if I have it?
The best way to find out if you may have heart disease is to talk to your doctor about whether you are at risk and what tests he or she can do to test you for heart disease.

How can I avoid it?
You can prevent heart disease or decrease its effects by maintaining a health lifestyle. This includes getting regular exercise, eating healthy foods, keeping your weight down, and not smoking.

What are the risk factors?
- Family history
- Having diabetes
- Being male (though women are also at risk)
- Having high cholesterol
- Age (65 or older)
- Not being physically active
- Smoking
- Being overweight
- Having high blood pressure
- Being stressed or depressed

What are treatment options?
Some people who have heart disease can reduce its effects by eating healthy, not smoking, exercising often, taking medicines, and seeing their doctor regularly. Others may require more serious treatment such as surgery. If you are at risk, see a doctor.

For more information:
American Heart Association
1-800-AHA-USA-1
or 1-800-242-8721

Information provided by the National Institutes of Health and Medline Plus
What is Cancer?

There are many types of cancer, but they all start when abnormal cells in the body begin to grow out of control. Cancer cells may also travel to other parts of the body and spread or “metastasize.” You may also hear the term “tumor” used when others talk about cancer. A tumor is a mass of abnormal cells. Malignant tumors are harmful and are called cancer, but benign tumors are solid growths that are not cancer.

What are the risk factors?

- Smoking
- Not eating healthy
- Not being physically active
- Being exposed to sunlight without protection
- Being around cancer-causing substances (carcinogens) in the environment
- Having a family history of cancer

Who gets it?

Cancer is the second leading cause of death in the United States. One out of 2 men and 1 out of 3 women in the United States will get cancer in their lifetime. Breast cancer is the cancer most frequently found in women and prostate cancer in men. Lung cancer, however, causes the most cancer deaths for both women and men, making smoking the most preventable cause of cancer. Colon and rectal cancer are also cancers that are seen often in both men and women.

What are the symptoms?

- New thickening or lump in the breast or other body part
- New mole or changes to a mole
- A sore that does not heal
- A cough that will not go away or hoarseness
- Changes in your bowel or bladder habits
- Indigestion that does not go away or having trouble swallowing
- Unexplained changes in weight
- Unusual bleeding or discharge
- Feeling weak or very tired

How can I learn if I have it?

The best way to find out if you have cancer is to talk to your doctor about risk factors and tests that are right for you.

How can I avoid it?

You can lower your chances of getting cancer by not smoking, being physically active, eating healthy foods, staying at a normal weight, and using sunscreen.

Finding cancer early, when it is most treatable, is the best way to stay healthy. This can be done through regular screenings and tests. See a doctor regularly, even if you have no symptoms.

What are the treatment options?

Cancer treatment can include surgery, radiation therapy, chemotherapy, hormone therapy, and biological therapy.

For more information:

National Cancer Institute, Cancer Information Service
1-800-4-CANCER or 1-800-422-6237

This information courtesy of the National Institutes of Health, NCI CSI, the Mayo Clinic, and the American Cancer Society
Session 5
Learning about Our Community Health Concerns
Materials Needed
• Clipboard
• Sign-In Sheet
• Pencils
• Flip Chart
• Markers
• Gift for speaker (Contact the Center for Health Promotion)
• Thank you notes for speakers (available in toolbox)
• Refreshments______________________________

Speakers:
There are no speakers required for this session, but it is time to start planning for speakers in Sessions 7 and 8. Remember to send speakers a copy of the letter and fact sheet (See facilitator page 16, # 7). Also, do not forget to call the Center for Health Promotion to order thank you gifts.
Flying Sparks Community Health Advisors (CHA)
Sign-In Sheet
Date:_______ Community:___________________

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Total Attending:_______
SESSION 5 OUTLINE

I. Welcome participants
II. Make sure each CHA signs the Sign-In Sheet.
III. Review what was covered in Session 4: heart disease and cancer.
IV. Introduce Session 5: “In this session the speaker(s) will address topics identified from the Personal, Family, and Community Health Survey given in Sessions 2 and 3.”
V. Introduce the speaker(s) before his or her talk. Tell where he or she is from and what topic he or she will cover. If one speaker will cover both topics, let the speaker and the group have a 5 minute break between topics.
VI. After the speaker(s), thank them and invite them to stay for refreshments if possible. Be sure to send a thank you note to the speaker(s) and, if possible, a small gift.
VII. If time permits, divide CHAs into pairs to practice role-playing and assign each group a CHA Roles (use handouts 1-6) on pages 85-90 (facilitator pages 145-156) from the Activities section. Ask the pairs to complete a CHA Roles they have not already done.
VIII. Tie it together
    a. Review what the CHAs have learned in this session.
    b. Ask for any questions.
    c. Remind everyone to sign the Sign-In Sheet.
    d. Preview Session 6: starting an action plan for changes that can be made in the community.
    e. Ask for community announcements
IX. Ask the CHAs to fill out the Training Session 5 Evaluation form on page 45. Collect these forms and look for any possible changes you can make before the next session.
X. Adjourn to refreshments

Before the Next Session
Do not forget to send a thank you note to the speakers for this session!
Session 6
Action Planning for the Community
Materials Needed

- Clipboard
- Sign-In Sheet
- Pencils
- Flip Chart
- Markers
- Refreshments

Speakers:
There are no speakers required for this session, but it is time to start planning for speakers in Sessions 7 and 8. Remember to send the speaker a copy of the letter and fact sheet (see facilitator page 16, #7). Also, call the Center for Health Promotion for thank-you gifts for the speakers!
Flying Sparks Community Health Advisors (CHA)
Sign-In Sheet

Date:_________ Community:____________________

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Total Attending:_______
I. Welcome participants
II. Make sure each CHA signs the Sign-In Sheet.
III. Review what was covered in Session 5: Personal, Family, and Community Health Survey Speakers
IV. Introduce Session 6: “In this session we will discuss action planning and create an action plan for the community.”
V. Action Planning
   a. Remind the CHAs of the three identified concerns discussed in Session 3 and the three speakers who came to talk about those concerns last session (see facilitator page 51 for a list of these concerns). Write these concerns on the flipchart:
      i. Concern 1
      ii. Concern 2
      iii. Concern 3
   b. Ask the CHAs to turn to page 49 (facilitator page 81) in their manuals to the Sample Action Plan. Discuss the Sample Action Plan with the CHAs.
   c. Now it is time to make an action plan for your community. Ask the CHAs to turn to page 50 (facilitator page 82) in their manuals to the Let’s Make a Plan worksheet. Ask the CHAs which of the 3 concerns they would like to work on changing.
   d. Ask CHAs about the next steps in doing something about the concern. Ask the CHAs to write these steps in the different sections of the worksheet as you write the main points on the flip chart.
      i. Lead the group in discussing how the group can develop action plans. Your goal should be to list specific steps the CHAs can take to work on the problem and to decide on who will do the actions and when.
   e. After the outlines on the flip charts are completed, ask for volunteers to form an Action Planning Committee and carry out these actions.
VI. Tie it together
   a. **Review what the CHAs have learned in this session:** How to write an action plan.
   b. **Ask for any questions.**
   c. **Remind everyone to sign the Sign-In Sheet.**
   d. **Preview the next session:** a speaker on stress and depression.
   e. **Ask for community announcements**

VII. **Ask the CHAs to fill out the Training Session 6 Evaluation form** on page 51. **Collect these forms** and look for any possible changes you can make before the next session.

VIII. **Adjourn to refreshments**

**Before the Next Session:**
The next session will be a speaker(s) on stress and depression. It is important to contact the speaker a few days before their presentation to remind them of the date, time, and location of the meeting.
Action Planning is working with others to build a lasting solution to a community problem or concern.

CONCERN: **Transportation**

**Goal:**
To organize a local transportation program, focusing on helping older community members do things like going to the grocery store and doctor’s office.

**Who might help us?**
Churches that may be able to lend vans.

**What is the timeline for this project?**
Plan the project for two months and try to start by October. Review the project one month after you start to see how it is working.

**List specific tasks and who will do each one:**
1. Ask around and see how many people would use the service and how often (Doris)
2. Contact local churches (Ethel)
3. Recruit volunteer drivers (Shelia)
4. Arrange schedule and routes (Willie)
5. Tell others about the program (Annie)
Action Planning is working with others to build a lasting solution to a community problem or concern.

As a group in Session 3 you identified 3 concerns in your community. PICK ONE of these concerns and, together, write an action plan below to address the concern.

CONCERN: 

--------------------------------------------

Goal: 

Who might help us?

What is the timeline for this project?

List specific tasks and who will do each one:
Session 7
Depression and Stress
Materials Needed

- Clipboard
- Sign-In Sheet
- Pencils
- Flip Chart
- Markers
- Gifts for speakers (Contact the Center for Health Promotion)
- Thank you notes for speakers (available in toolbox)
- Refreshments_____________________________________________________

Speakers:
Remember to plan for the speaker(s) in Session 8! Be sure to send a copy of the letter and fact sheet! (See facilitator page 16, #7)
Session 7 Sign-In Sheet

Flying Sparks Community Health Advisors (CHA)
Sign-In Sheet

Date:_________ Community:___________________

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Total Attending:_______
SESSION 7 OUTLINE

I. Welcome participants
II. Make sure each CHA signs the Sign-In Sheet.
III. Review what was covered in Session 6: Action Planning.
IV. Introduce Session 7: “Today we have a special guest(s) who will discuss stress and depression.”
V. Introduce the speaker(s) before his or her talk. Tell where he or she is from and what topic he or she will cover. If one speaker will cover both topics, let the speaker and the group have a 5 minute break between topics.
VI. Thank the speaker(s) at the end of the talk and invite him/her to stay for refreshments if possible. Be sure to follow-up with a thank you note to the speaker(s) and, if possible, a small gift.
VII. If time permits, divide CHAs into pairs to practice role-playing and assign each group a CHA Roles (use handouts 7-8) on pages 91-92 (facilitator page 157-160) from the Activities section.
VIII. Tie it together
   a. Review what the CHAs have learned in this session.
   b. Remind CHAs to review the fact sheets available in their manuals for more information on the health topics covered (page 55 and 57, facilitator page 89 and 91).
   c. Ask for any questions.
   d. Remind everyone to sign the Sign-In Sheet.
   e. Preview the next session: speaker(s) on diabetes and obesity, discussion of Special Training Sessions on Smoking Cessation, Nutrition, and Physical Activity that can be offered, and graduation planning.
   f. Ask for community announcements
IX. Ask the CHAs to fill out the Training Session 7 Evaluation form on page 59. Collect these forms and look for any possible changes you can make before the next session.
X. Adjourn to refreshments
Before the Next Session:
The next session will be a speaker(s) on obesity and diabetes. It is important to contact each speaker a few days before their presentation to remind them of the date, time, and location of the meeting. Do not forget to send the speaker(s) for stress and depression a thank you note!

As you get closer to graduation and have a better idea of how many CHAs will complete the CHA Training, contact the Center for Health Promotion about gifts that can be given to your CHAs during the graduation event. Please be sure to contact the Center at least three weeks before the graduation date to allow time for packaging and mailing.
**What is Depression?**

**Depression** is an illness involving the body, mood, and thoughts. Depression can be brought on by stress, lack of social support, or a traumatic event. It affects eating habits, sleeping patterns, self-esteem, and the way one views the world. Depression is not a passing blue mood, a sign of personal weakness, or a condition that can be willed away. It is a serious mental condition that, if not treated, can last for weeks, months, or years. The right treatment from a professional healthcare provider can help most people who suffer from depression.

**Who may suffer from depression?**

- People who have a family history of depression are at a greater risk.
- Women are twice as likely as men to suffer from depression, especially those that have just gone through menstrual cycle changes, pregnancy, miscarriage, pre-menopause, and menopause.
- Individuals who do not have a solid family support system are more likely to suffer from depression.

**What are the risk factors?**

- Family history
- Low self-esteem
- Negative view
- Too much stress
- Lack of social support (family, friends, etc.)
- Medical illnesses (heart attack, cancer, etc.)

**How is it diagnosed?**

Depression may be diagnosed through a physical examination, an interview, and/or a lab test done by a doctor. A psychological evaluation may also be done by a doctor, a psychiatrist, or a psychologist.
**What are the symptoms?**

The following symptoms could be signs of depression. You might want to see your doctor if you:

- Have a sad, anxious, or "empty" mood that will not go away
- Feel hopeless, negative, guilty, worthless, or helpless
- Have lost interest in hobbies and activities, including sex
- Feel decreased energy, fatigue, or "slowed down"
- Have problems concentrating, remembering things, and making decisions
- Cannot sleep, wake up earlier than normal, or feel you cannot get out of bed
- Lose your appetite or lose weight
- Overeat or gain weight
- Have thoughts of death or suicide or attempt to commit suicide
- Feel restless or irritable
- Experience physical symptoms, such as headaches, digestion problems, and chronic pain that will not go away and that do not respond to treatment

**How can I avoid it?**

The following things may help you avoid depression: taking on only as much as you can handle, setting goals (job, family, or personal life) that are reachable, and taking care of the most important things first. Try to spend time with other people, do things that boost your self-esteem, share your problems with close friends, and ask others for help. Each of these measures will help you avoid becoming depressed.

**What are treatment options?**

If you suspect that you or someone you know may be depressed, the first step is to see a doctor. How the depression is treated depends on the results of the diagnosis. Treatment may include antidepressant medications, counseling, or both.

For more information on depression:
**NDMDA Depression Hotline**
1-800-826-3632

IMPORTANT: If someone is thinking about attempting suicide, get them immediate help--call a doctor, call 911, go to the emergency room, or call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).
Stress (often called anxiety) is normal. In little bits, stress is good. It can get you going and help you do more. Too much stress, or being “stressed out,” can be harmful. It can lead to many health problems like infection, high blood pressure, heart disease, or depression. Stress that will not go away often leads to behaviors like overeating and abuse of alcohol or drugs, which are bad for your health.

What causes stress?
Stress can come from any situation or thought that makes you feel frustrated, angry, or anxious. What stresses you may not be stressful to someone else.

Anxiety is a feeling of worry or fear, and you may not always know where it is coming from. Not knowing why you feel this way may add to your stress.

What are the symptoms?
In addition to the feeling of stress, many people experience physical symptoms, including:

- Twitching or trembling
- Muscle tension and/or headaches
- Sweating
- Dry mouth or difficulty swallowing
- Abdominal pain (This may be the only symptom of stress, especially in a child.)

Less common symptoms may include:

- Dizziness
- Rapid or irregular heart rate
- Rapid breathing
- Sleeping difficulties and nightmares
- Decreased concentration
- Sexual problems

How do I cope with stress?
Contact your doctor if you experience chest pains, shortness of breath that is worse than usual, or have thoughts of suicide. If you are not experiencing these symptoms, stress can often be managed if you:

- Eat a well-balanced, healthy diet and do not overeat.
- Get enough sleep.
- Exercise regularly.
- Limit caffeine and alcohol.
- Do not use nicotine, cocaine, or other recreational drugs.
- Learn and practice relaxation techniques like deep breathing, progressive muscle relaxation, yoga, tai chi, or meditation.
- Take breaks from work and make time for fun activities.
- Develop a social support network of family members and friends.

The above information is provided by the National Institutes of Health.

For more information:
Contact your doctor for more information or to be referred to a mental health professional.
Session 8
Diabetes and Obesity
Materials Needed

- Clipboard
- Sign-In Sheet
- Pencils
- Flip Chart
- Markers
- Gifts for speakers (Contact the Center for Health Promotion)
- Thank you notes for speakers
- Refreshments__________________________
Flying Sparks Community Health Advisors (CHA) Sign-In Sheet

Date:_______  Community:______________________

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Total Attending:_______
I. Welcome participants

II. Make sure each CHA signs the Sign-In Sheet.

III. Review what was covered in Session 7: Speaker(s) on stress and depression.

IV. Introduce Session 8:
   a. Speaker(s) will discuss Diabetes and Obesity
   b. Introduce the other Special Training Sessions that can be offered to the community.
   c. Begin to plan for graduation.

V. Introduce the speaker(s) before his or her talk. Tell where he or she is from and what topic he or she will cover. If one speaker will cover both topics, let the speaker(s) and the group have a 5 minute break between topics.

VI. Thank speaker(s) at the end of each talk and invite him/her to stay for refreshments if possible. Be sure to follow-up with a thank you note to the speaker(s) and, if possible, a small gift.

VII. Discuss the three Special Training Sessions that are available for your community and ask the CHAs which of the Special Training Sessions they would be interested in attending. Pass around copies of the manuals to give CHAs a preview of the training sessions.
   a. Nutrition- You will learn to promote good nutrition to people in your community.
   b. Physical Activity- You will learn to help individuals and groups in your community become more physically active.
   c. Smoking Cessation- You will learn to share information with your friends and neighbors about the health effects of smoking and to help smokers who are ready to quit.

VIII. Plan for special training
   a. Each special training lasts about eight hours total. Start thinking about how your group would like to schedule each one. For example, Two 4-hour sessions, Four 2-hour sessions, or One 8-hour session.
   b. Discuss training dates, locations, and facilitator(s) so that participants can make decisions at the next meeting. It may be
helpful for you to look over the Special Training Planning Form on facilitator page 109. If the CHAs want to participate in the Special Training Sessions, ask them to look at their calendars before the next session and decide what days and times would work best for them.

IX. Plan for graduation. Ask participants to begin thinking about what kind of graduation event they would like. For example, speaker, dress, location.

X. If time permits, divide CHAs into pairs to practice role-playing and assign each group a CHA Roles (handouts 9-10) on pages 93-94 (facilitator pages 161-164) from the Activities section.

XI. Tie it together
   a. Review what the CHAs have learned in this session.
   b. Remind CHAs to see the fact sheets available in their manuals (page 63 and 65, facilitator page 99 and 101) for more information on the health topics covered.
   c. Ask for any questions.
   d. Remind everyone to sign the Sign-In Sheet.
   e. Preview the next session: graduation planning and deciding on special training options.
   f. Ask for community announcements

XII. Ask the CHAs to fill out the Training Session 8 Evaluation form on page 67. Collect these forms and look for any possible changes you can make before the next session.

XIII. Adjourn to refreshments

Before the Next Session
Do not forget to send a thank you note to the diabetes and obesity speakers!
Your body makes insulin to help blood sugar (glucose) move through your body to be used for energy. If your body does not make enough insulin or use it in the right way, the glucose cannot be broken down into energy. Diabetes occurs when blood glucose (or blood sugar) is too high.

What are the risk factors?

- Having an immediate relative (parent, sister, brother) with diabetes
- Being overweight
- Being older than 45
- Being African-American or Hispanic American
- Being pregnant or delivering a baby weighing more than 9 pounds
- Having high blood pressure
- Having high blood triglyceride levels
- Having a high blood cholesterol level

Who gets it?

People can get diabetes at any age. Younger people generally get Type I diabetes but Type II diabetes can occur at any age, usually as an adult. Gestational diabetes only occurs during pregnancy.

What are the symptoms?

Most people with diabetes will have some of these symptoms. Others may have diabetes but not have any of the following symptoms:

- Being very thirsty
- Having to urinate frequently
- Feeling very hungry or tired
- Losing weight without trying
- Having sores that heal slowly
- Having dry, itchy skin
- Losing the feeling in your feet or having tingling in your feet
- Having blurry eyesight

Diabetes can lead to serious problems in your eyes, kidneys, nerves, gums, and teeth, and may lead to heart disease, heart attack, or stroke.

Do I have it? How can I avoid it?

A doctor can do a simple blood or urine test to check your glucose levels. After age 45, it is a good idea to be tested for diabetes at least every 3 years.

There is not yet a way to avoid Type I diabetes. One may be able to prevent Type II diabetes and gestational diabetes, however, by eating a healthy diet and being physically active.

What are the treatment options?

Treatment for diabetes usually means eating a healthy diet and, in some cases, taking insulin either by a pill or in a shot.
What is Obesity?

Someone who is obese weighs much more than what is considered healthy for a certain height. Being obese also means having a weight that is known to increase the risk for certain health problems. You may also hear the word “overweight” used. Being overweight means you weigh more than is healthy, but may not be so overweight that you are considered obese.

What are the risk factors?

- Not being physically active
- Having high/low cholesterol
- Not eating a healthy diet
- Having high blood pressure
- Drinking too much alcohol
- Smoking
- Having obesity in your family

What are the benefits of staying at a healthy weight?

Keeping your weight down has many benefits. In addition to looking great, you may:

- Have more energy
- Reduce your risk for diabetes
- Reduce your risk for cancer
- Reduce your chances of developing high blood pressure or heart disease

How can I find out if I am obese or overweight?

The best way to find out if you are overweight or obese is to see your doctor. Other methods include finding your Body Mass Index or BMI, finding your hip-to-waist ratio, or by having your percent body fat measured by a professional.

How can I avoid it?

Being physically active and eating healthy foods (especially fruits and vegetables, whole grains, and low-fat meats) are the best ways to keep a healthy weight. See your doctor before starting a new nutrition or physical activity plan.

For more information:

Weight-control Information Network
1-877-946-4627

Call for brochures and more information or visit the website:

This information is provided by the National Institutes of Health
Session 9
Planning for the Future
Materials Needed

- Clipboard
- Sign-In Sheet
- Pencils
- Flip Chart
- Markers
- Refreshments
# Session 9 Sign-In Sheet

**Flying Sparks Community Health Advisors (CHA)**  
**Sign-In Sheet**

<table>
<thead>
<tr>
<th>Date: ________</th>
<th>Community: ____________________</th>
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<tbody>
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</tbody>
</table>

Total Attending: ________
I. Welcome participants.

II. Make sure each CHA signs the Sign-In Sheet.

III. Review what was covered in Session 8: Speaker(s) on diabetes and obesity.

IV. Introduce Session 9: “In this session we will decide on Special Training Sessions and make plans for graduation.”

V. Discuss the dates for the Special Training Sessions. Fill in the Special Training Planning Form on facilitator page 109.
   a. Who will organize each Special Training Session?
   b. Who will be the facilitator (could be a community member or a professional in each field)?
   c. What date(s) and day(s) will these trainings be held?
   d. What time will be best?
   e. How many CHAs are interested in attending? If possible, start writing down the names of those interested.

VI. Discuss graduation planning.
   a. Use the Graduation Planning Worksheet on facilitator page 110 as a guide for you to lead a discussion on graduation planning.
   b. Write down what the group plans to do, so you can offer assistance later.

VII. Ask the CHAs to divide into 5 groups to form graduation committees to ensure all activities are carried out.
   a. Each of these committees will plan before the next session to complete the preparations for graduation.
   b. Ask these groups to report during the next session on how planning is going.
      i. Program Committee- to secure the location and decide on speakers and entertainment for graduation.
      ii. Publicity Committee- to determine how to publicize the graduation and to design the programs. This also includes making sure enough programs are printed for graduation. Examples of a program are on page 72 (facilitator page 112)
iii. **Refreshment Committee**- to plan and organize what refreshments will be served. Budget should be determined in advance.

iv. **Decoration Committee**- to decide what kinds of decoration should be used and decorate the site for the graduation. Budget should be determined in advance.

v. **Invitation Committee**- to design the invitations and make sure that all CHAs have enough invitations to hand out to their friends and families for the graduation. Examples of an invitation are on page 71 (facilitator page 111).

VIII. **Announce the names** of the graduates to the group and **remind the CHAs** these are the people who attended the required number of sessions.

IX. **Tie it together**
   a. **Ask for any questions.**
   b. **Remind everyone to sign the Sign-In Sheet.**
   c. **Preview the next session:** finishing graduation planning, practicing role-plays, and thinking of future action plans.
   d. **Ask for community announcements**

X. **Ask the CHAs to fill out the Training Session 9 Evaluation form** on page 73. **Collect these forms** and look for any possible changes you can make before the next session.

XI. **Adjourn to refreshments**

**Before Graduation:**
As a facilitator, you are in charge of the certificates for completion of training. A sample certificate is available on facilitator page 141. Be sure to complete a certificate for each CHA before the graduation ceremony. If you are unable to copy the certificates, please contact the Center for Health Promotion for copies of the certificates.
### Special Training Planning Form

<table>
<thead>
<tr>
<th>Topic</th>
<th>Nutrition</th>
<th>Physical Activity</th>
<th>Smoking Cessation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHA Organizer</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Facilitator</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Day(s) and Date(s)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Time</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHAs Attending</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GRADUATION PLANNING WORKSHEET

Location: __________________________________________________________
Date: ___________________________ Time: _____________________________
Who will attend graduation (e.g. CHAs only, CHAs and family)? __________
What will the attire be? _____________________________________________

Program Committee
Who will secure the location? ________________________________________
Will we have a speaker? Yes No
Who will be the speaker? __________________________________________
Who will contact the speaker? ______________________________________
Will we have entertainment? Yes No
Who should entertain? _____________________________________________
Who will arrange for the entertainment? _____________________________

Publicity Committee
Will we notify the media? Yes No
Which media should we notify? _____________________________________
Do we want a program for the graduation? Yes No
Who will design and arrange for printing? ___________________________
How many programs should we print? _______________________________
How will we pay for the programs? _________________________________

Refreshment Committee
Will we have refreshments? Yes No
What will we serve? _______________________________________________
How will we pay for refreshments? _________________________________

Decoration Committee
Will we decorate? Yes No
How will we decorate? ___________________________________________
How will we pay for decorations? __________________________________

Invitation Committee
Who will design and arrange for printing the invitations? ______________
How will the invitations be given? _________________________________
How many invitations will each CHA give out? ______________________
How will we pay for invitations? _________________________________

Any other issues?
Flying Sparks
Cordially invites you to attend a

Community Health Advisor
Graduation Ceremony

Greenville, AL

May 19, 2007
5:30 - 7:00 p.m.

Shady Grove Baptist Church

Graduates
Rita Simmons  Marsha Smith
Sylvia Donaldson  Angelica Mitchell
Annie Benson  Wanda Prather
Rosa Jackson  Lottie Collier
Brenda Watson  Cynthia Talent

For directions call:
334-926-8953
Graduation Ceremony

Date: May 19, 2007
Time: 5:30 p.m.
Location: Shady Grove Baptist Church

Ceremony
Master of Ceremony
5:30 p.m. Music
6:00 p.m. Processional - CHAs
Invocation
Welcome
Greetings
Background of CHA Training
Role-play
Song
Introduction of Keynote Speaker
Keynote Speaker
Certificates & Awards
Acknowledgements
Closing Prayer & Blessing of Food

7:00 p.m. Reception following ceremony

Graduates
Rita Simmons    Marsha Smith
Sylvia Donaldson Angelica Mitchell
Annie Benson    Wanda Prather
Rosa Jackson    Lottie Collier
Brenda Watson   Cynthia Talent
Session 10
Review of General CHA Training
Materials Needed

- Clipboard
- Sign-In Sheet
- Pencils
- Flip Chart
- Markers
- Refreshments

GETTING READY FOR SESSION 10
Flying Sparks Community Health Advisors (CHA)
Sign-In Sheet
Date:_______  Community:__________________________

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Total Attending:_______
SESSION 10 OUTLINE

I. Welcome participants
II. Make sure each CHA signs the Sign-In Sheet.
III. Review what was covered in Session 9: Planning for Special Training Sessions and graduation
IV. Introduce Session 10: “In this session will we finalize graduation plans and do a review of CHA Training.”
V. Finalization of Graduation Planning
   a. Reports from Graduation Planning Committees
   b. Dealing with unexpected issues
VI. Discuss Special Training Sessions and start making plans.
VII. Have CHAs fill out forms:
   a. Ask the CHAs to open their manuals to page 77 (facilitator page 119). Ask the CHAs to complete the Session 10 Survey as you read it aloud. If there are any questions, an answer sheet is available on facilitator page 54.
   b. Ask the CHAs to open their manuals to page 79 (facilitator page 120). Ask the CHAs to complete the Session 10 CHA Questionnaire as you read it aloud.
   c. Collect both forms when you are finished.
VIII. CHA Roles
   a. Divide the CHAs into pairs to practice role-playing and assign each group a CHA Roles (handouts 1-10) on pages 85-94 (facilitator pages 145-164) from the Activities section.
   b. Try to get the CHAs to volunteer for a CHA Roles they have not completed before.
IX. Plan for future events
   a. Discuss the action planning exercise the CHAs completed in Session 6.
   b. What has been done so far by the Action Planning Committee volunteers and what plans do the CHAs have in the future for the community?
   c. Are there any other action plans that could be made?
X. Tie it together
a. **Review what the CHAs have learned in this session:**
   Finalization of all plans and reviewing everything learned through CHA Training.
b. **Ask for any questions.**
c. **Remind everyone to sign the Sign-In Sheet.**
d. **Ask for community announcements**

XI. **Discuss how often the group wants to meet after graduation.**

XII. **Have CHAs complete the Evaluation of CHA Training on pg 81**
     (facilitator page 121).

XIII. **Adjourn to refreshments**

**Forms to be Returned to the Center for Health Promotion:**
- Session 10 Survey
- Session 10 CHA Questionnaire
- Evaluation of CHA Training

**Do not Forget!!**
Remember to see the check-list on facilitator page 139 for a list of all the forms you need to return to the Center for Health Promotion once training is finished. Please complete the Attendance Sheet for CHA Training form on facilitator page 137 from the Sign-In Sheets for all sessions.

**Graduation**
As the facilitator, you should make sure:
1. Certificates are ready
2. Incentives have been requested from the Center for Health Promotion at least three weeks before graduation.
3. All committees have completed their graduation plans
The following questions are about heart disease, cancer, diabetes, obesity, and stress. Please circle the best answer for each item (true or false).

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>True</td>
<td>False</td>
<td>1. Heart disease is the #1 cause of death for men and women in the US</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>2. Breast cancer is the leading cause of cancer death in women</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>3. Blood vessels getting clogged over the years may cause heart disease and stroke</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>4. A tumor is a mass of abnormal cells</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>5. More women die from lung cancer than from any other type of cancer</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>6. Regular screening exams can find cancer early when it is most treatable</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>7. It is important to screen for cancer even if a person has no symptoms</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>8. Cigarette smoking can increase a person’s risk of heart disease</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>9. A high fat diet can lead to heart disease</td>
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<tr>
<td>True</td>
<td>False</td>
<td>10. High blood pressure may lead to heart disease and stroke</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>11. Regular physical activity can lower the chance of getting heart disease</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>12. Smoking is the most preventable cause of cancer</td>
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<tr>
<td>True</td>
<td>False</td>
<td>13. Diabetes can cause changes in a person’s vision</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>14. Having diabetes affects a person’s blood but none of their organs</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>15. Exercise cannot help prevent diabetes</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>16. Eating fruits and vegetables can help you maintain a healthy lifestyle</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>17. Staying at a normal weight may lower a person’s risk for many diseases like diabetes, high blood pressure, heart disease, and cancer</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>18. Depression is a serious mental condition</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>19. Everyone is stressed by the same situations</td>
</tr>
<tr>
<td>True</td>
<td>False</td>
<td>20. People can learn how to manage their stress.</td>
</tr>
</tbody>
</table>
The following questions ask you how confident you are in your ability to do certain things. Please mark the one box that best describes your level of confidence in your ability to do the following:

<table>
<thead>
<tr>
<th>Ability to give advice or assistance to your neighbors about:</th>
<th>Confidence Level:</th>
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<tbody>
<tr>
<td></td>
<td>Very High</td>
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<tr>
<td><strong>Heart Disease</strong></td>
<td>□</td>
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<tr>
<td><strong>Cancer</strong></td>
<td>□</td>
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<tr>
<td><strong>Nutrition</strong></td>
<td>□</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td>□</td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
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</tbody>
</table>

Ability to help plan community **Heart Disease** or **Cancer** prevention programs

Ability to contact organizations to help your neighbors and community with **Heart Disease** and **Cancer** prevention

Ability to give your opinions or ideas to others in a group when planning **Heart Disease** or **Cancer** prevention programs

Ability to help solve problems that come up in a group related to planning **Heart Disease** or **Cancer** prevention programs

Ability to ask your neighbors to get involved with community **Heart Disease** or **Cancer** prevention programs
How helpful were the following in teaching you about being a CHA? Please circle your response.

1. Presentations and discussions:
   - 4: very helpful
   - 3: helpful
   - 2: not helpful
   - 1: not helpful

2. General CHA Training manual:
   - 4: very helpful
   - 3: helpful
   - 2: not helpful
   - 1: not helpful

3. Participating in General CHA Training Classes:
   - 4: very helpful
   - 3: helpful
   - 2: not helpful
   - 1: not helpful

4. How confident do you feel in your ability to promote health and healthy lifestyles in your community?
   - 4: very confident
   - 3: confident
   - 2: not confident
   - 1: not confident

5. What did you like best about the training?

   ________________________________________________________________
   ________________________________________________________________

6. What did you like least about the training?

   ________________________________________________________________

7. How would you rate the overall General CHA Training sessions?
   - 4: excellent
   - 3: good
   - 2: not good
   - 1: poor

8. What other training would be useful to you in promoting health and a healthy lifestyle in your community?

   ________________________________________________________________
   ________________________________________________________________

If you have any additional comments, please use the back of this sheet.
Session after Graduation
Session After Graduation Sign-In Sheet

Flying Sparks Community Health Advisors (CHA)

Sign-In Sheet

Date:_______  Community:___________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Total Attending:_______
I. Welcome participants
II. Make sure each CHA signs the Sign-In Sheet.
III. Discuss the following:
   a. **Review the Special Training Planning Form** on facilitator page 109 and make sure you have all the information filled in for each session. Remind each facilitator they are responsible for contacting the CHAs for each Special Training Session about the meeting times, locations, and dates. Be sure they have everyone’s phone number!
   b. **Remind the CHAs of the date, time, and meeting locations.**
   c. **Discuss the following goals** of the Special Training Sessions as they relate to CHA activities:
      i. To learn more about specific risk reduction behaviors
      ii. To learn how to modify your own behaviors in these areas
      iii. To fit these changes into your family’s daily living
      iv. To share knowledge with neighbors, church members, civic groups, and the community
IV. Tie it together
   a. **Review what the CHAs have learned in this session**
   b. **Ask for any questions.**
   c. **Remind everyone to sign the Sign-In Sheet.**
   d. **Ask for community announcements**
V. **Adjourn to refreshments**
Forms
Flying Sparks Community Health Advisors (CHA)
Sign-In Sheet
Date:_________  Session:_____  Community:____________

__________________________________________
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Total Attending:______
The University of Alabama at Birmingham, Center for Health Promotion (UAB CHP) Flying Sparks Project will be taking photos and videotaping project sessions and activities. The photos and videotapes will be used for presentations to project funders and other interested groups. The videotapes will be used to show people how to conduct the educational sessions and activities to train CHAs in other communities. The photos and videotapes may also be used in newspaper and television stories.

If you choose to give the UAB CHP Flying Sparks Project permission to use photographs or videotapes of you in project presentations and in published stories, please sign under PERMISSION GRANTED.

If you do not want photographs or videotapes of you used for project presentations or to publish stories, please sign under PERMISSION DENIED. (Note: refusing to grant permission will not exclude you from the program.)

**CONSENT TO PHOTOGRAPH OR PUBLISH STORY**

PERMISSION GRANTED

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Participant</td>
<td>Signature of Participant</td>
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<tr>
<td>Date</td>
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<tr>
<td>Signature of Witness</td>
<td>Signature of Witness</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>
PERSONAL BACKGROUND INFORMATION

1. Sex: □ Female □ Male

2. Your date of birth:__________/__________/__________
   Month Day Year

3. County of Residence:
   □ Dallas □ Lowndes □ Marengo
   □ Monroe □ Perry □ Sumter
   □ Wilcox □ Other______________________________

   a. How long have you lived in this county?_______________________
   b. What community do you live in?_______________________________

4. EDUCATION: What is the highest grade you completed?
   □ No formal schooling
   □ Less than 6th grade
   □ 6th – 11th grade
   □ High school graduate or G.E.D.
   □ Community college graduate
   □ Bachelor’s degree or higher

5. Employment:
   □ Full-time
   □ Part-time
   □ Working more than one job
   □ Retired
   □ Disabled
   □ Not employed outside my home
6. Please check any community, church, and social groups that you currently belong to:
   □ Community or Neighborhood Association
   □ Social or recreational group (sororities, social, and savings)
   □ Labor union, commercial group, or professional organization
   □ Church group
   □ A group concerned with children (PTA, girl/boy scouts, etc.)
   □ Any other groups (please specify)______________________________
       ________________________________

7. Please list any offices that you currently hold or have held in the past:
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

8. What are the most important health problems that YOU see in your community?________________________________________________________
    ________________________________
    ________________________________
    ________________________________
Use the Sign-In Sheets from Sessions 1-10 and the Session after Graduation to see the total number of CHAs attending each session. Write those numbers in the space below. This form should be returned to the Center for Health Promotion.

<table>
<thead>
<tr>
<th>Number of CHAs Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
</tr>
<tr>
<td>Session 2</td>
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<td>Session 3</td>
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<td>Session 9</td>
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<tr>
<td>Session 10</td>
</tr>
<tr>
<td>Session after Graduation</td>
</tr>
</tbody>
</table>

ATTENDANCE SHEET FOR CHA TRAINING
At the end of the training sessions, please return the following forms to the Center for Health Promotion.

<table>
<thead>
<tr>
<th>Form Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Consent to Photograph or Publish Story form (One from each CHA plus one for you)</td>
<td></td>
</tr>
<tr>
<td>□ Personal Background Information form (One from each CHA plus one for you)</td>
<td></td>
</tr>
<tr>
<td>□ Session 3 Survey (One from each CHA)</td>
<td></td>
</tr>
<tr>
<td>□ Session 3 CHA Questionnaire (One from each CHA)</td>
<td></td>
</tr>
<tr>
<td>□ Session 10 Survey (One from each CHA)</td>
<td></td>
</tr>
<tr>
<td>□ Session 10 CHA Questionnaire (One from each CHA)</td>
<td></td>
</tr>
<tr>
<td>□ Evaluation of CHA Training forms (One from each CHA)</td>
<td></td>
</tr>
<tr>
<td>□ Attendance Sheet for CHA Training (page 137)</td>
<td></td>
</tr>
</tbody>
</table>
Certificate of Training

in

Community Health Advisor Program

Awarded to:

For attending General CHA Training and demonstrating knowledge and skills to promote better health in the community.

_________________________  _______________________
Facilitator                      Date
Activities
CHA Roles 1

**ADVERTISE**: Educate, Counsel, and Inform

**ASSIST**: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

**ACTION PLAN**: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

**SITUATION:**
Your neighbor is out of work and looking for a job. What are some things you could do for your neighbor?

**Advice You Could Give**

**Assistance You Could Give**

**Action Plans that Could Be Developed**
ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:
Your neighbor is out of work and looking for a job. What are some things you could do for your neighbor?

Advice You Could Give
1. Advise them to check the local newspaper for job postings.
2. Advise them to ask friends and family about any jobs available.
3. Advise them to ask local businesses for job postings in windows/bulletin boards.

Assistance You Could Give
1. Bring your neighbor newspapers and other publications that have job postings.
2. Ask around the community about any job openings.
3. Check the local employment agency for job openings.

Action Plans that Could Be Developed
1. Start a job postings board in an area where many people go such as a church or community center.
2. Start planning a yearly job fair in the community.
CHA Roles 2

ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:
You know an elderly person who is lonely and needs help with daily chores. What are some ways you can help this person?

Advice You Could Give

Assistance You Could Give

Action Plans that Could Be Developed
SITUATION:
You know an elderly person who is lonely and needs help with daily chores. What are some ways you can help this person?

Advice You Could Give
1. Advise them to ask a young neighbor or family member for help.
2. Advise them to ask their friends for help and to offer help in return for chores they ARE able to do.

Assistance You Could Give
1. Call neighbors and ask if anyone would be willing to help.
2. Go visit and help when you have the time.

Action Plans that Could Be Developed
1. Organize a group to go deliver food and do a few chores once a week for the elderly of the community.
2. Ask a local church to start a volunteer outreach program.
CHA Roles 3

ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something (ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something (ex. Plan an event, agree in a group that everyone will do something)

SITUATION:
Your neighbors do not have reliable transportation. What are some ways you can offer them help?

Advice You Could Give

Assistance You Could Give

Action Plans that Could Be Developed
**SITUATION:**
Your neighbors do not have reliable transportation. What are some ways you can offer them help?

**Advice You Could Give**
1. Advise them to have a back-up plan for transportation to doctor’s appointments and other important events in case their car or driver can not get them there.

**Assistance You Could Give**
1. Offer to be an emergency contact if their transportation falls through.
2. Contact the county government about possible public transportation options.

**Action Plans that Could Be Developed**
1. Try to organize a carpool program for the community.
**CHA Roles 4**

**ADVISE:** Educate, Counsel, and Inform

**ASSIST:** Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

**ACTION PLAN:** As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

**SITUATION:**
You friends have heard all the stories on T.V. about the effects of secondhand smoke on children. They are worried about their grandchildren because some of their husbands smoke, and smoking is allowed in all the public areas the children go. What can you do to help?

**Advice You Could Give**

**Assistance You Could Give**

**Action Plans that Could Be Developed**
ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:
You friends have heard all the stories on T.V. about the effects of secondhand smoke on children. They are worried about their grandchildren because some of their husbands smoke, and smoking is allowed in all the public areas the children go. What can you do to help?

Advice You Could Give

1. Advise your friends to start a petition to ban smoking in public places where children go a lot.
2. Advise your friends to talk to their husbands about quitting.

Assistance You Could Give

1. Give your friends copies of materials you have about quitting smoking and also the QUITNOW line (1-800-784-8669).
2. Volunteer to contact city/county officials about banning smoking in public places.

Action Plans that Could Be Developed

1. Complete the Smoking Cessation Training to learn ways you can help smokers in your community quit.
2. Plan a community meeting to talk about the dangers of smoking.
**Advising:** Educate, Counsel, and Inform

**Assisting:** Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

**Action Plan:** As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

**Situation:**
You have a neighbor who has a family history of heart disease. He has asked you what he can do to lower his risk for heart disease. What can you do to help him?

**Advice You Could Give**

**Assistance You Could Give**

**Action Plans that Could Be Developed**
ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:
You have a neighbor who has a family history of heart disease. He has asked you what he can do to lower his risk for heart disease. What can you do to help him?

Advice You Could Give
1. Advise him to get his doctor's advice.
2. Advise about the risk factors for heart disease.
3. Advise him about the changes he can make in his life to lower his risk such as eating a healthy diet, exercising, and not smoking.

Assistance You Could Give
1. Offer your neighbor copies of different pamphlets and materials telling about heart disease.
2. Offer to go for a walk with your neighbor.
3. Teach your neighbor some heart healthy recipes.

Action Plans that Could Be Developed
1. Complete the Physical Activity Training and Nutrition Training Sessions offered through Flying Sparks to learn more about teaching your community healthy lifestyle choices.
SITUATION:
Your friend’s sister has recently been diagnosed with breast cancer and your friend worries she may be at risk. What are some things you can do to help your friend and your community get more information and lower their chances of getting cancer?

Advice You Could Give

Assistance You Could Give

Action Plans that Could Be Developed
**ADVISE:** Educate, Counsel, and Inform

**ASSIST:** Help by doing something (ex. Make a phone call, sit with someone, give a ride)

**ACTION PLAN:** As a group, plan to do something (ex. Plan an event, agree in a group that everyone will do something)

**SITUATION:**
Your friend’s sister has recently been diagnosed with breast cancer and your friend worries she may be at risk. What are some things you can do to help your friend and your community get more information and lower their chances of getting cancer?

**Advice You Could Give**

1. Advise her to talk to her doctor about her risk and about having a mammogram.
2. Advise her to ask her doctor how to do a breast self exam.
3. Advise your community to eat healthy and be more physically active.

**Assistance You Could Give**

1. Bring your neighbor informational materials on breast cancer.
2. Leave breast cancer information materials in areas of the community to be picked up and read.
3. Refer your friend to the health department for breast screenings.

**Action Plans that Could Be Developed**

1. Have a day at the church where a health professional will teach women to do breast self exams and have a speaker to talk about risks for breast cancer.
SITUATION:
A friend comes to you feeling hopeless, sleeping all the time, and is not interested in activities she used to enjoy. You think she may be depressed. What can you do to help your friend?

Advice You Could Give

Assistance You Could Give

Action Plans that Could Be Developed
ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:
A friend comes to you feeling hopeless, sleeping all the time, and is not interested in activities she used to enjoy. You think she may be depressed. What can you do to help your friend?

Advice You Could Give

1. Tell her to talk to her doctor about her feelings.
2. Encourage her by telling her that treatment options are available and depression is a real condition that needs medical treatment.

Assistance You Could Give

1. Give your friend informational materials about depression.
2. Offer to go to the doctor with your friend for social support.

Action Plans that Could Be Developed

1. Sponsor a day at a local church or community center to screen for depression and teach members of the community that depression is a real health issue that needs treatment.
**CHA Roles 8**

**ADVISE:** Educate, Counsel, and Inform

**ASSIST:** Help by doing something  
(ex. Make a phone call, sit with someone, give a ride)

**ACTION PLAN:** As a group, plan to do something  
(ex. Plan an event, agree in a group that everyone will do something)

**SITUATION:**  
A new mother talks to you about the stress of trying to work full time and raise her children. What can you do to help her?

**Advice You Could Give**

**Assistance You Could Give**

**Action Plans that Could Be Developed**
ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:
A new mother talks to you about the stress of trying to work full time and raise her children. What can you do to help her?

Advice You Could Give
1. Tell the new mother about the importance of managing stress.
2. Share some of your stress relieving methods such as deep breathing, prayer, and exercise.

Assistance You Could Give
1. Offer to baby-sit once a week or to help find someone to baby-sit.
2. Offer some pamphlets or the fact sheet available in the General CHA Manual on stress.

Action Plans that Could Be Developed
1. Start a day care service at the church.
2. Organize a group of new mothers to meet once a month and discuss problems they face and how to solve them.
**CHA ROLES 9**

**ADVISE:** Educate, Counsel, and Inform

**ASSIST:** Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

**ACTION PLAN:** As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

**SITUATION:**
You have noticed several people in your community are getting diabetes. How can you help community members learn more and lower their risk for diabetes?

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**Advice You Could Give**

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**Assistance You Could Give**

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**Action Plans that Could Be Developed**
ADVISE:  Educate, Counsel, and Inform

ASSIST:  Help by doing something
         (ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN:  As a group, plan to do something
               (ex. Plan an event, agree in a group that everyone will do something)

SITUATION:
You have noticed several people in your community are getting diabetes. How can you help community members learn more and lower their risk for diabetes?

Advice You Could Give
1. Advise them to get tested by their doctor for diabetes.
2. Tell your community about the importance of a healthy diet and physical activity in lowering their chances of diabetes.

Assistance You Could Give
1. Leave informational materials on diabetes around the community for people to pick up and take home to read.
2. Teach people to cook healthy recipes.
3. Offer to go for a walk with your neighbors.

Action Plans that Could Be Developed
1. Complete the Nutrition Training to learn more about healthy eating.
2. Sponsor a day to teach about diabetes (Diabetes Sunday).
3. Organize a health fair where people can get screened for diabetes.
ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:
You have heard a lot of talk in the news about obesity leading to many different health problems. What are some ways you can think of to help members of your community be more active to prevent or lower their chances of becoming obese?

Advice You Could Give

Assistance You Could Give

Action Plans that Could Be Developed
ADVISE: Educate, Counsel, and Inform

ASSIST: Help by doing something
(ex. Make a phone call, sit with someone, give a ride)

ACTION PLAN: As a group, plan to do something
(ex. Plan an event, agree in a group that everyone will do something)

SITUATION:
You have heard a lot of talk in the news about obesity leading to many different health problems. What are some ways you can think of to help members of your community be more active to prevent or lower their chances of becoming obese?

Advice You Could Give
1. Stress to your neighbors the importance of a healthy diet.
2. Advise your neighbors to become physically active. Tell them their weight is a balance of how much they eat and how much energy they burn in physical activity.

Assistance You Could Give
1. Give community members copies of recipes from the Healthy Home Cooking cookbook so they can learn to cook with less fat.
2. Offer to go for a walk with your neighbors.

Action Plans that Could Be Developed
1. Start a healthy cooking club in the neighborhood.
2. Start a walking club after or before work.