ACKNOWLEDGEMENTS

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.

Authors: Vee Stalker, BSW, MPA; Mary Ann Littleton, PhD; Carol E. Cornell, PhD

Edited by: Heather Coley, Senior Editor
Francine Huckaby, MPH, Greg Caudle, Holli Hitt

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Research Team for Community Health Projects:
Carol E. Cornell, PhD – Principal Investigator
James Raczynski, PhD – Co-Principal Investigator
Vee Stalker, BSW, MPA – Co-Principal Investigator
LeaVonne Pulley, PhD
Mary Ann Littleton, PhD
Mark Dignan, PhD

Bonnie Sanderson PhD, RN
Paul Greene, PhD
Barbara Struempler, PhD
Vera Bittner, MD, MSPH
Melissa C. Kuhajda, PhD

Centers for Disease Control and Prevention:
Nell Brownstein, PhD
Dyann Matson-Koffman, PhD

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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.

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!
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
Session 1
Getting Started
1. **Introduce Each Other.**

List the names of other members on your team:

__________________________  ______________________
__________________________  ______________________
__________________________  ______________________
__________________________  ______________________
__________________________  ______________________
__________________________  ______________________

2. **Training Location, Day, and Time**

   Location: ____________________

   Day: _________________________

   Time: _________ to _________
Community Health Advisors (CHAs) are natural helpers in their community—people who others can turn to for advice, assistance, or referrals to appropriate resources. Being a CHA includes 3 roles:

1. Providing **Advice**
2. Offering **Assistance**
3. Making **Action Plans**

**Advice** (to educate, counsel, and inform) is helping people with new health information or community information either by answering a question, telling them something, or helping them figure something out themselves. For example: telling someone about the health programs available in the community or telling them about jobs available in the area.

**Assistance** (to help by doing something) is providing a needed service or referring someone to a person or organization who can provide the service. For example: carrying someone to the doctor.

**Action Planning** (planning to do something as a group) is working with others to build a lasting solution to a community problem or need. For example: starting a walking or aerobics club in your neighborhood or at your church.

An exercise is available at the end of this training session to help you practice the 3 roles of a CHA.
**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.)

**PERMISSION GRANTED**

Print Name

Signature of Participant

Date

Signature of Witness

Date

**PERMISSION DENIED**

Print Name

Signature of Participant

Date

Signature of Witness

Date
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?
Sample CHA Roles

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

Other _______________________
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.
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 3
Our Community Vision
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>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Heart disease is the #1 cause of death for men and women in the US</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>2.</td>
<td>Breast cancer is the leading cause of cancer death in women</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>3.</td>
<td>Blood vessels getting clogged over the years may cause heart disease and stroke</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>4.</td>
<td>A tumor is a mass of abnormal cells</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>5.</td>
<td>More women die from lung cancer than from any other type of cancer</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>6.</td>
<td>Regular screening exams can find cancer early when it is most treatable</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>7.</td>
<td>It is important to screen for cancer even if a person has no symptoms</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>8.</td>
<td>Cigarette smoking can increase a person’s risk of heart disease</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>9.</td>
<td>A high fat diet can lead to heart disease</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>10.</td>
<td>High blood pressure may lead to heart disease and stroke</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>11.</td>
<td>Regular physical activity can lower the chance of getting heart disease</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>12.</td>
<td>Smoking is the most preventable cause of cancer</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>13.</td>
<td>Diabetes can cause changes in a person’s vision</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>14.</td>
<td>Having diabetes affects a person’s blood but none of their organs</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>15.</td>
<td>Exercise cannot help prevent diabetes</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>16.</td>
<td>Eating fruits and vegetables can help you maintain a healthy lifestyle</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>17.</td>
<td>Staying at a normal weight may lower a person’s risk for many diseases like diabetes, high blood pressure, heart disease, and cancer</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>18.</td>
<td>Depression is a serious mental condition</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>19.</td>
<td>Everyone is stressed by the same situations</td>
<td><strong>True</strong></td>
<td><strong>False</strong></td>
</tr>
<tr>
<td>20.</td>
<td>People can learn how to manage their stress.</td>
<td><strong>True</strong></td>
<td><strong>False</strong></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>Confidence Level:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very High</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td><strong>Heart Disease</strong></td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
</tr>
<tr>
<td><strong>Tobacco Use</strong></td>
</tr>
</tbody>
</table>

**Ability to give advice or assistance to your neighbors about:**

- **Heart Disease**
- **Cancer**
- **Nutrition**
- **Physical Activity**
- **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**
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 4
Heart Disease and Cancer
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
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
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 5
Learning about Our Community Health Concerns
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 6
Action Planning for the Community
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, as a group, 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:**
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 7
Depression and Stress
**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 can 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).

This information is provided by the National Institutes of Health.
What is Stress?

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, headaches
- Sweating
- Dry mouth, 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.

For more information:

Contact your doctor for more information or to be referred to a mental health professional.

The above information is provided by the National Institutes of Health.
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 8
Diabetes and Obesity
What is Diabetes?

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.

For more information:

Call the American Diabetes Association Hotline at 1-800-342-2383
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 ration, 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
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.
   _____________________________________________________________
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Session 9
Planning for the Future
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

SAMPLE GRADUATION INVITATION
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
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.
   __________________________________________________________________
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Session 10
Review of General
CHA Training
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>
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<tbody>
<tr>
<td>True</td>
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<th></th>
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<th>2. Breast cancer is the leading cause of cancer death in women</th>
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<td>True</td>
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<th>3. Blood vessels getting clogged over the years may cause heart disease and stroke</th>
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<td>True</td>
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<th>4. A tumor is a mass of abnormal cells</th>
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<td>True</td>
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<th>5. More women die from lung cancer than from any other type of cancer</th>
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<th>6. Regular screening exams can find cancer early when it is most treatable</th>
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<th>7. It is important to screen for cancer even if a person has no symptoms</th>
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<td>True</td>
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<th>8. Cigarette smoking can increase a person’s risk of heart disease</th>
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<td>True</td>
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<th></th>
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<th>9. A high fat diet can lead to heart disease</th>
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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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<th></th>
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<th>11. Regular physical activity can lower the chance of getting heart disease</th>
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<td>True</td>
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<th>12. Smoking is the most preventable cause of cancer</th>
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<td>True</td>
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<th></th>
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<th>13. Diabetes can cause changes in a person’s vision</th>
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<td>True</td>
<td>False</td>
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<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>
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<th></th>
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<th>15. Exercise cannot help prevent diabetes</th>
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<th></th>
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<th>16. Eating fruits and vegetables can help you maintain a healthy lifestyle</th>
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<td>True</td>
<td>False</td>
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<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>
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<td>True</td>
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<th></th>
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<th>18. Depression is a serious mental condition</th>
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<td>True</td>
<td>False</td>
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<th></th>
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<th>19. Everyone is stressed by the same situations</th>
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<tr>
<td>True</td>
<td>False</td>
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<tr>
<th></th>
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<th>20. People can learn how to manage their stress.</th>
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<tr>
<td>True</td>
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</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>Confidence Level:</th>
<th>Very High</th>
<th>High</th>
<th>Some</th>
<th>Low</th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Heart Disease</strong></td>
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<tr>
<td><strong>Cancer</strong></td>
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<td><strong>Nutrition</strong></td>
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<td><strong>Physical Activity</strong></td>
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<td><strong>Tobacco Use</strong></td>
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<td>Ability to help plan community <strong>Heart Disease or Cancer</strong> prevention programs</td>
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<tr>
<td>Ability to contact organizations to help your neighbors and community with <strong>Heart Disease and Cancer</strong> prevention</td>
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<td>Ability to give your opinions or ideas to others in a group when planning <strong>Heart Disease or Cancer</strong> prevention programs</td>
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<td>Ability to help solve problems that come up in a group related to planning <strong>Heart Disease or Cancer</strong> prevention programs</td>
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<td>Ability to ask your neighbors to get involved with community <strong>Heart Disease or Cancer</strong> prevention programs</td>
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EVALUATION OF CHA TRAINING

How helpful were the following in teaching you about being a CHA? Please circle your response.

1. Presentations and discussions:
   
   | 4 | 3 | 2 | 1 | 0 |
   | very helpful | helpful | not helpful |

2. General CHA Training manual:

   | 4 | 3 | 2 | 1 | 0 |
   | very helpful | helpful | not helpful |

3. Participating in General CHA Training Classes:

   | 4 | 3 | 2 | 1 | 0 |
   | very helpful | helpful | not helpful |

4. How confident do you feel in your ability to promote health and healthy lifestyles in your community?

   | 4 | 3 | 2 | 1 | 0 |
   | very confident | confident | 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 | 3 | 2 | 1 | 0 |
   | excellent | good | poor |

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

   ________________________________________________________________
   ________________________________________________________________

If you have any additional comments, please use the back of this sheet.
Activities
CHA Roles 1

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

Assistance You Could Give

Action Plans that Could Be Developed
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
**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:
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
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
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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 now 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
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
**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:
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

Assistance You Could Give

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

ASSIST: Help by doing something
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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