Training for Health Professions Students and Community Volunteers

Edited Version 5
A CURRICULUM FOR COMMUNITY HEALTH ADVOCATES AND COMMUNITY HEALTH ADVOCATE TRAINERS

Executive Summary

The University of Mississippi Medical Center (UMMC) is committed to addressing the state’s severe health problems through education, clinical care and research. Establishing partnerships with those in the community who share the medical center’s concern about our health status is essential if we are to improve Mississippi’s poor health ranking compared to other states.

To this end, UMMC has established a program to train faith-based and community groups as health screeners in a health advocacy program. These individuals receive instruction in the detection of obesity, high blood pressure and diabetes and how to locate community and regional resources for care of these problems. They also receive dietary information and weight control training to be shared with participants. The program is staffed using volunteer trainers from UMMC and local health professionals.

The CHA program is co-sponsored by the University of Mississippi Medical Center's Healthy Linkages (HL), the Laboratory of Health Initiatives, and Mississippi Public Broadcasting's Southern Remedy Programming. We hope the attached Info Sheet will answer your questions about the program. If not, please contact us.

Core Leadership Team:

MICHAEL L. JONES, R.N., M.S.N., M.B.A.
MLJONES2@UMC.EDU

RICHARD DESHAZO, M.D.
RDESHAZO@UMC.EDU

DEBORAH MINOR, PHARM.D.
DMINOR@UMC.EDU

JOSIE BIDWELL, F.N.P-C., D.N.P.
JBIDWELL@UMC.EDU

REBECCA TURNER, M.S., R.D., C.S.S.D., L.D.
REBECCATURNERO7@YAHOO.COM

ALAN PENMAN, M.B,C.H.B., PH.D., M.P.H.
APENMAN@UMC.EDU

PENNY ROGERS, M.A.T., OT/RL.
PROGERS2@UMC.EDU

STAFF:

LEIGH BALDWIN SKIPWORTH, B.A.
LSKIPWORTH@UMC.EDU

ROSEMARY MOAK, M.S.
RMOAK@UMC.EDU
INFO SHEET

TRAINING FOR
COMMUNITY HEALTH ADVOCATES
AND COMMUNITY HEALTH
ADVOCATE TRAINERS

There is agreement that the long term solution for Mississippi’s health crisis is improved health literacy, leading to healthy choices and lifestyle changes. The toolkit you will acquire by becoming a Community Health Advocate or a Community Health Advocate Trainer will provide you with public health and preventive medicine skills that you can use now to make a difference.

The community service you will perform after receiving your certification as a Community Health Advocate (CHA) will facilitate your ability to communicate basic health information with patients on a one to one basis. Moreover, this experience will introduce the opportunity we have as health screeners to improve the quality of life for large numbers of Mississipians who want to make healthy choices but have not had access to the health information required to make them.

If you choose to be a Certified Trainer of Community Health Advocates, you will also serve as an instructor for members of the community who will function as Community Health Advocates. A trainer is also certified as a Community Health Advocate.

Service in these roles does not include provision of health care, as that requires licensure. Community Health Advocates are health screeners, advocates, and health system navigators. Through the unique resources of Healthy Linkages at UMMC, individuals with abnormalities in blood pressure, blood sugar, or body mass index, or other medical problems are directed to health resources, regardless of their financial status. Your support of individuals with limited access to health services can positively affect the lives of Mississipians in the years to come.

WHO PARTICIPATES?
Lay members of partner organizations, health professions students, and faculty interested in better public health.

WHAT ARE CHAs?
CHAs are members of the community who, regardless of their professional status, function to assist Mississipians with screening for common health problems, navigation of the health system, and disease prevention. These individuals must have a high school diploma or equivalent, access to an automobile and cell phone, and an active driver's license. Church advocates must be recommended by their pastors.
WHAT ARE THE DELIVERABLES OF THE CHA PROGRAM?

CHAs are first and foremost advocates for healthy living and healthy choices within their local church congregations and communities. To facilitate this goal, they are trained to serve as screeners for high blood pressure, diabetes, and obesity and to promote preventative care to include immunizations, mammograms and colon cancer screenings. The end result will be healthier congregations and communities with fewer emergency room visits, hospitalizations, and hospital readmissions.

HOW ARE CHA EQUIPPED?

CHA are trained and certified by trainers certified by UMMC using the HL-Southern Remedy CHA curriculum. This curriculum trains lay individuals to accurately measure blood pressure, weight, BMI, glucose, interpret medication instructions, provide basic nutritional counseling and assist in navigation of the health system.

HOW ARE CHA IDENTIFIED AND TRAINED?

CHA candidates are identified by their pastors or directors of partner organizations, including academic institutions, as qualified to become CHAs and referred to CHA Training Centers. These training centers are staffed by teams of three certified CHA trainers who have been trained by the UMMC CHA Training Team.

HOW ARE CERTIFIED CHAs DEPLOYED AND THEIR ACTIVITIES MONITORED?

The individual partners (churches, civic organizations, etc.) are responsible for the quality assurance, deployment and monitoring of their CHA.

HOW DO CHAs RECEIVE CONTINUING EDUCATION?

Continuing education for CHA is provided by UMMC and collaborating partners.

HOW ARE CHAs LINKED TO THE PUBLIC?

Partners determine the specific locations and conditions for CHA to offer their services. In the case of churches, these decisions are made with direction from the pastor in collaboration with a church health ministry if operative.

HOW IS THE STATEWIDE COMMUNITY HEALTH ADVOCATE PROGRAM PROMOTED THROUGHOUT THE STATE?

In order to have statewide participation and adequate numbers of community health advocates, it is essential that the public be aware and supportive of the CHA effort. Southern Remedy Radio and Television Health Productions, a partnership between Mississippi Public Broadcasting and UMMC assists with promotion of these efforts. Southern Remedy has in place a daily, award winning state-wide patient interactive live radio talk program hosted by health professionals from UMMC. In addition, Southern Remedy produces regular documentary television programs on Mississippi health issues. Southern Remedy Productions will continue to provide support for curriculum development and implementation. UMMC Office of Public Affairs is also an important partner with Southern
Community HEALTH Advocate Program

Remedy Productions in supporting educational materials and activities. In that regard, The Southern Remedy Healthy Living weight management and fitness curriculum for adults and children is an important tool for use by CHAs.

**HOW IS THE HEALTHY LINKAGES-CHA PARTNERSHIP MANAGED?**

Healthy Linkages is managed, coordinated, and administered through the existing partnership between Healthy Linkages and the Laboratory of Health Initiatives at UMMC who are responsible for the implementation, coordination and assessment of the CHA Program.

**WHO ARE PARTNERS IN THE HEALTHY LINKAGES-CHA PARTNERSHIP?**

Partners in the CHA Partnership include participating churches and civic organizations, health facilities, state and volunteer agencies, professional associations, health organizations and programs, and community health advocates.

CHAs come from the health professions, civic organizations, and faith-based groups where community service is a usual and customary component of their efforts.

**WHAT IS THE DIFFERENCE BETWEEN A COMMUNITY HEALTH ADVOCATE TRAINER AND A COMMUNITY HEALTH ADVOCATE?**

Community Health Advocates (CHA) are health-screeners who have participated in a CHA training session and a skills set instruction/demonstration. CHA trainers are individuals with a high level of health literacy who usually have advanced training in health or health-related professions. They have demonstrated the ability to lead CHA training sessions and have been certified by the UMMC core group of health professional CHA trainers. All trainers have completed and been certified as a CHA prior to becoming a trainer.
Community Health Advocate Curriculum

GOAL
The goal of the University of Mississippi Medical Center's Community Health Advocate Program is to train individuals to become Community Health Advocates with the capability to detect common medical conditions which left undetected cause serious chronic health conditions. Doing so will lead to increased health awareness and literacy, which may lead to an improved health status of individuals within the community.

OBJECTIVES
Training will focus on prevention, identification, and treatment of Mississippi's major health problems, access to care, and the appropriate role of health advocates. Topics include:
- Hypertension • Diabetes • Role of Community
- Obesity • Health resources Health Advocates

TARGET AUDIENCE
This program is targeted at adult lay and health professional individuals interested in improving the overall health status of their community.

PREREQUISITES/REQUIREMENTS
Candidates for the University of Mississippi Medical Center's Community Health Advocate program must:
- Be able to read at a 6th grade level or above
- Have a vehicle and be licensed and able to drive it.
- Be recommended as a servant leader by the pastor of the local church or director of a civic organization.
- Be interested in providing health information to church members before and after church functions at times decided by the pastor or in conjunction with the outreach of their civic organization.
- Be willing to undergo the training provided by UMMC

TOPICS OF CURRICULUM
1. What are Community Health Advocates and their role in addressing Mississippi's health crisis?
2. Role and appropriate scope of activities of Community Health Advocates
3. What is privacy and why is it important?
4. Health literacy and cultural competency.
5. What is hypertension and why should it be treated?
6. What is diabetes and why should it be treated?
7. Preventive care measures
8. HDL and LDL cholesterol and triglycerides
10. Prescriptions written by health providers
11. Communications with health providers
12. Access to care

CHA TRAINER PROGRAM
- Individuals who become CHA trainers must demonstrate an advanced level of health literacy and preferably serve as a member of the larger health professions community
- The usual candidates include public health workers, nurses, medical technicians, therapists, hygienists, and other health professionals and teachers

COURSE TIME
4-6 Hours
MINIMUM COMPETENCY EVALUATION
To successfully complete this training program, individuals must demonstrate the following competencies:

- **Skill A:** Understand a breach of patient privacy
- **Skill B:** Blood pressure monitoring
- **Skill C:** Blood glucose monitoring
- **Skill D:** How to measure weight and body mass index (BMI)
- **Skill E:** Know the difference between good and bad cholesterol
- **Skill F:** Interpret a health provider's instructions on a pill bottle
- **Skill G:** How to communicate with a health provider
- **Skill H:** Read an appointment card

RESOURCES AND MATERIALS
- PowerPoint presentations
- Handouts
- Demonstrations

CERTIFICATION
At the end of the training program and check-offs, participants will receive a certification of completion bearing the name of the University of Mississippi Medical Center. There will also be a pre and post survey to evaluate your basic knowledge of the topics presented above.

SUGGESTED AGENDA AND LESSON PLAN

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>TIME</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome &amp; Introductions</td>
<td>10 Minutes</td>
<td>Host</td>
</tr>
<tr>
<td>Overview &amp; Background Information</td>
<td>10 Minutes</td>
<td>Host</td>
</tr>
<tr>
<td>Pre-test/Questionnaire</td>
<td>10 Minutes</td>
<td></td>
</tr>
<tr>
<td>Roles &amp; Responsibilities of Community Health Advocates</td>
<td>20 Minutes</td>
<td></td>
</tr>
</tbody>
</table>
| What is privacy, and why is it important?  
  - Skills Demonstration | 15 Minutes | |
| Health Literacy | 20 Minutes | |
| **BREAK** | **10 Minutes** | |
| Hypertension  
  - Skills Demonstration | 30 Minutes | |
| Diabetes  
  - Skills Demonstration | 30 Minutes | |
| Obesity  
  - Skills Demonstration | 30 Minutes | |
| **LUNCH** | **30 Minutes** | |
| Portion control for weight loss and calorie counting | 30 Minutes | |
| Interpreting a health provider's instructions on a pill bottle  
  - Skills Demonstration | 15 Minutes | |
| Communicating with a health professional  
  - Skills Demonstration | 15 Minutes | |
| Reading an appointment card  
  - Skills Demonstration | 10 Minutes | |
| **BREAK** | **10 Minutes** | |
| Check-offs & post test | 60 Minutes | |
| Wrap-up and issuance of certificates | 30 Minutes | |
What are Community Health Advocates?

Community Health Advocates are first health screeners. They are also trained to assist individuals and communities to adopt healthy behaviors. CHA do not diagnose or treat medical conditions but they do refer individuals suspected to have these conditions to health providers. They are important to the coordination of disease prevention and treatment services that reflect the value systems of the community.

**ROLE OF COMMUNITY HEALTH ADVOCATES**

- Provide culturally appropriate health information and screening (e.g. reading materials, oral presentations, one-on-one counseling, and health fairs).
- Assist individuals in identification and linkage to resources in the community.
- Provision of basic health screenings (blood pressure and glucose checks).
- Promote community participation in health promotion and disease prevention.
- Increase health literacy in the community.

**CANDIDATES FOR THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER’S COMMUNITY HEALTH ADVOCATE PROGRAM**

- Be willing to undergo the community health advocate training program
- Must be able to read at a 6th grade level or above.
- Have a vehicle and be licensed and able to drive.
- Be recommended as a servant leader by the pastor of the local church or by colleagues at other organizations.
- Be interested in providing health information to church members before and after church functions at times decided by the pastor or function within a civic organization.
- Understand the limitations and boundaries of the community health advocate.

**WHAT COMMUNITY HEALTH ADVOCATES ARE NOT**

- CHA, regardless of their professional roles, do not diagnose and treat illnesses while functioning as a CHA
- Those who diagnose and treat illnesses are required to have professional licensure not provided by the program
WHAT IS PRIVACY and Why is it Important?

PRIVACY

As a Community Health Advocate, it is important to be mindful of and maintain the privacy of those individuals who seek your assistance. As you begin to work with individuals in your community, trust will be of major importance. In most cases, The CHA has knowledge of some private and personal information about certain individuals. The sharing of such information can be hurtful and embarrassing. This can cause the individual to have trust issues with you and other community health advocates, as well damage the possibility of making a positive impact in your community.

Breaching privacy can either be done in private or in public. Federal laws protect each individual's personal health information. In the event that you are asked to speak with a health professional or behalf of someone, be sure to get that person's permission to do so.

The following are examples of not maintaining privacy:

• Discussing an individual's health history with anyone (including the pastor) without the individual's permission.

• Emailing anyone about an individual's health history or other health information without their permission.

• Using social media (e.g. Facebook) to talk about someone's history or other health information.

ACTIVITY

At this time, participants will engage in role playing to distinguish what is maintaining and breaching one's privacy.
Health Literacy and Cultural Competency

WHAT IS HEALTH LITERACY?

Health literacy is “The degree to which individuals have the capacity to obtain, process, and understand the basic health information and services needed to make appropriate health decisions.”

Health literacy is a stronger predictor of a person’s health than age, income, employment status, education level, or race. Health literacy is most often associated with reading level. An individual who has difficulty processing information as it relates to a person’s health will likely experience more negative health outcomes.

The following are examples of how one’s literacy impacts his or her health.

- Difficulty managing medical conditions
- Making errors in taking medications
- Lack of knowledge of available health resources
- Low adherence to health provider instructions
- Inability to read prescription labels
- Inability to read appointment cards
- Inability to complete medical forms

TYPICAL POPULATIONS WITH LOW HEALTH LITERACY

While stereotyping certain populations is rarely, if ever, appropriate, there are some populations who typically have low levels of health literacy. These populations include:

- Age greater than 65 years
- Racial and ethnic minorities
- Non-native English Speakers
- Low income level
- Poor health status
- Less than a high school degree or GED

HOW CAN I TELL?

As a Community Health Advocate, you will need to look for signs that an individual is having difficulty understanding health information. When in doubt, it is always a good idea to ask if the individual understands. The following are signs to look for:

- Misses several medical appointments.
- Uncertain about filling out forms or other documents.
- Provides the wrong information about their condition.
- Does not ask questions (may be embarrassed).
- Does not take medications as prescribed.
- Is unaware of personal medical problems or purposes of medications.
How to Address Health Literacy

- Talk slowly and use simple words the individual can understand.
- Use pictures when necessary.
- When writing, use short sentences.
- Offer assistance when the individual has to complete forms.
- Allow and encourage the individual to ask questions.
- Ask the individual to repeat the information that has been told to them back to you.
- Avoid overwhelming the individual with information. Discussing only 2-3 critical points in one setting allows more time to process and understand the information provided.
- NEVER assume that just because the individual graduated from high school that he or she understands written information related to their health.
- NEVER assume an individual understands instructions until they repeat it back to you.
- Always ask the person, “What did you understand me as saying?”

Steps for Clear Communication

- Slow down and limit content
- Use “plain language” not jargon
- Supply text enhanced with pictures
- Provide a social services contact list
- Use interpreters appropriately
- Utilize “teach-back” approach
- Ask Me 3™

Ask Me 3 Questions for Patients

The National Patient Safety Foundation developed the Ask Me 3 Question Series to help encourage communication between patients and their healthcare providers. As a Community Health Advocate, your encouragement of an individual to ask the following 3 questions is a way to make a difference in that individual’s health:

1. WHAT IS MY MAIN PROBLEM?
2. WHAT DO I NEED TO DO?
3. WHY IS IT IMPORTANT FOR ME TO DO THIS?

Avoid Medical Terminology Where Possible

<table>
<thead>
<tr>
<th>MEDICAL TERM</th>
<th>SUGGESTED REPLACEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Glucose</td>
<td>Sugar</td>
</tr>
<tr>
<td>Coagulate</td>
<td>Clot</td>
</tr>
<tr>
<td>Adverse</td>
<td>Dangerous</td>
</tr>
<tr>
<td>Chronic</td>
<td>Long lasting</td>
</tr>
</tbody>
</table>

Adapted from the CDC’s “Plain Language for Health Communications Thesaurus” (Table 2, www.plainlanguage.gov).
The heart is a pump that forces blood into the arteries of the body to supply oxygen to the body parts. Blood pressure is a measurement of the force of the heart's contraction. Blood pressure varies somewhat from person-to-person and also varies during the night and day.

Blood pressure changes with the “pump” and “resting” phases of the heart’s pump cycle. The pump phase generates the systolic (top) number and the rest phase, the diastolic (bottom) number.

The systolic number is the larger (top) number.

The diastolic number is the lower (bottom) number.

For example, an individual with a blood pressure of 120/80, 120 is the systolic pressure, while 80 is the diastolic number.

<table>
<thead>
<tr>
<th></th>
<th>NORMAL (OPTIMAL)</th>
<th>PRE-HYPERTENSION (AT RISK)</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic</td>
<td>Less than 120</td>
<td>120 – 139</td>
<td>140 or higher</td>
</tr>
<tr>
<td>Diastolic</td>
<td>Less than 80</td>
<td>80 – 89</td>
<td>90 or higher</td>
</tr>
</tbody>
</table>

**Hypertension (High Blood Pressure)**

- High blood pressure can occur when the heart exerts too much pressure onto the walls of the arteries. We do not fully understand the cause of high blood pressure, but we do know that too much pressure on the walls of arteries can cause damage to them.

- Imagine having a water hose that is pinched off at the end. At some point, if the water pressure is high enough for too long, the pressure within that hose will cause damage to the hose itself. Blood pressure that is too high can do the same thing to blood vessels.

- The damage to blood vessels caused by high blood pressure leads to health problems such as heart disease, stroke, and kidney failure.
WHO IS MORE AT RISK FOR DEVELOPING HYPERTENSION?

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history of high blood pressure</td>
<td>Individuals with a family history of heart disease, stroke, or high blood pressure are at a greater risk.</td>
</tr>
<tr>
<td>Individuals age 55 and older</td>
<td>Older adults are at greater risk of developing high blood pressure, probably because of hardening of the arteries.</td>
</tr>
<tr>
<td>Overweight or obese individuals</td>
<td>Excess weight influences blood pressure control in various ways. There is excess strain on the heart and blood vessels and fat itself releases hormones that affect blood pressure.</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>Physical inactivity increases the risk of high blood pressure and other risk factors for heart disease including excess weight and diabetes.</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>More than two drinks per day is associated with an increased risk for high blood pressure.</td>
</tr>
<tr>
<td>Smoking</td>
<td>Smoking causes narrowing of blood vessels.</td>
</tr>
<tr>
<td>Diet</td>
<td>A diet high in fruits and veggies and lower in sodium, sugar, and excess high fat foods can lower blood pressure and not lead to weight gain.</td>
</tr>
<tr>
<td>Medications</td>
<td>Medications such as non-steroidal anti-inflammatory drugs (like Motrin® or Aleve®), decongestants (like pseudoephedrine), and illegal drugs can lead to increases in blood pressure.</td>
</tr>
<tr>
<td>Sleep apnea</td>
<td>Sleep apnea blocks airflow when asleep, drops blood oxygen and causes a surge in blood pressure.</td>
</tr>
</tbody>
</table>
Overweight and Obesity Contributions to High Blood Pressure
- Excess weight correlates with increases in blood pressure.
- Fat in the neck can block airflow to the lungs when asleep, a condition called sleep apnea. This drops blood oxygen and elevates blood pressure.
- Physical inactivity contributes to weight gain and decreases heart function.

Symptoms of High Blood Pressure
- The danger of high blood pressure is that in most cases there are no symptoms. For this reason, it is known as the “silent killer.”
- Most individuals with high blood pressure don’t know they have high blood pressure until they have it checked. The key is to get screened!

Measuring Blood Pressure: General Concepts
- The decision to treat high blood pressure with medicine or change the dose of a blood pressure medicine is made by a health provider in discussion with the patient.
- CHAs measure blood pressure with an automated blood pressure cuff. This involves wrapping an inflatable cuff around the arm to squeeze the blood vessels. As pressure in the cuff is released, the pressure gauge measures an individual’s blood pressure.
- Automated blood pressure devices must be checked from time to time to confirm accuracy.
- It is very important to ensure the blood pressure cuff is properly positioned on the individual’s arm. The bottom edge of the cuff should be positioned in the middle of the arm above the elbow. It is also important to ensure the correct cuff size is used as this may alter the readings. A cuff that is too large may lead to a falsely low reading, while a cuff that is too small may lead to a falsely high reading.
- In general we do not recommend taking blood pressure using a wrist cuff.

Measuring Blood Pressure with an Automated Blood Pressure Machine
The following steps should be followed when measuring blood pressure:
- If the arm is too large for the cuff, the blood pressure reading will not be correct.
- Determine the right size cuff for the arm.
- Wrap the cuff around the upper arm. The bottom edge of the cuff should be just above the crease in the center of the arm just above the elbow. The tubes connected to the monitor should be pointing down. The center of the inflatable part of the cuff should be positioned over the brachial artery where you can feel a pulse toward the inside of the arm.
- Be sure the person is sitting in the correct position. The person should be sitting straight up in the chair with both feet flat on the floor. Rest the arm on a flat surface such as a table at heart level.
- Turn on the machine and follow the instructions.
BLOOD PRESSURE TIPS FROM THE AMERICAN HEART ASSOCIATION

- Individuals should not smoke, drink coffee or other caffeinated beverages, or exercise 30 minutes before checking blood pressure. These things can elevate the blood pressure.
- If you choose to check the blood pressure a second time, wait one minute. Remember to write down each reading.
- Become familiar with normal and abnormal readings. Always encourage people to consult a health provider when their blood pressure is high. Encourage your participants to take their recorded blood pressure readings to the health provider.
- For those checking their blood pressure at home, make sure blood pressure is checked at the same time each day.

YOUR JOB

- Record the blood pressure and give this information to the patient.
- If abnormal, tell the individual they need to be checked by a health provider.
- If abnormal and the patient is unwell, suggest they visit a health professional immediately.

HOW THE DIAGNOSIS OF HYPERTENSION IS MADE BY A LICENSED HEALTH CARE PROVIDER

Elevated blood pressure (hypertension) is diagnosed by a licensed health provider when blood pressures taken correctly are more than 140/90 on 3 occasions. Blood pressures over 120/80 but less than 140/90 are called “pre-hypertension”. Patients with hypertension may need to start blood pressure medication immediately while trying to address lifestyle issues that may help to lower it.
(SOURCE: Centers for Disease Control and Prevention, 2011)
### Blood Glucose

- Glucose, also known as “sugar,” is found primarily in foods high in carbohydrates.
- There are two forms of carbohydrates—sugars and starches. Sugars are simple carbohydrates that can be found in cakes, candy, and sodas. Starches are more complex carbohydrates that can be found in breads, grains, rice, pasta, fruits, and some vegetables such as corn or potatoes.
- Glucose in the blood serves as the main source of energy for the body. Usually, an individual’s glucose rises and falls throughout the day.
- Cells (within a gland called the pancreas) release a hormone called insulin that keeps the blood glucose from getting too high. For instance, blood glucose normally goes up after eating which triggers the pancreas to release insulin so the glucose can return to a normal level.

### Diabetes

- Diabetes is diagnosed by a health provider when blood glucose (sugar) or hemoglobin A1c levels are consistently above normal.
- When blood sugar is elevated, sugar attaches to the oxygen carrying protein in blood. Blood levels of hemoglobin with sugar attached (hemoglobin A1c) go up in diabetes and can be measured by a blood test.
- Untreated diabetes leads to heart disease, blindness, kidney failure, and problems with circulation.
- Pre-diabetes occurs when an individual’s blood sugar remains higher than normal, but not high enough to make a diagnosis of diabetes. If left untreated, he or she may develop diabetes.
### TYPES OF DIABETES

<table>
<thead>
<tr>
<th>TYPE</th>
<th>AGE OF ONSET</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type 1 diabetes (insulin dependent diabetes)</td>
<td>Usually occurs in children but almost always occurs before age 30</td>
<td>About 5% of individuals with diabetes have this form.</td>
</tr>
<tr>
<td>Type 2 diabetes (non-insulin dependent diabetes)</td>
<td>Usually occurs in obese people after age 40 but is now occurring in younger people who are obese or have other risk factors.</td>
<td>About 95% of individuals with diabetes have this form.</td>
</tr>
</tbody>
</table>

### WHO IS MORE AT RISK FOR TYPE 2 DIABETES?

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight or obesity</td>
<td>Obesity and overweight are major risk factors.</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td>African-Americans, Asians, American-Indians, and Pacific Islanders are at a greater risk.</td>
</tr>
<tr>
<td>Age</td>
<td>Individuals over the age of 40 are more at risk for Type 2 diabetes</td>
</tr>
<tr>
<td>Family history</td>
<td>An individual with a family history of diabetes is more at risk.</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>Physical inactivity may contribute to weight gain, or other changes that contribute to weight gain or other changes that lead to diabetes.</td>
</tr>
<tr>
<td>Health conditions and procedures</td>
<td>In some cases, individuals who take certain medications (corticosteroids) or have certain surgeries (removal of pancreas) may develop diabetes.</td>
</tr>
</tbody>
</table>

### TREATMENT

Diabetes is treated with lifestyle changes including weight control, exercise, and medications to lower blood sugar. Medications include injection of insulin and other drugs that lower blood sugar referred to as "oral hypoglycemics."
SYMPTOMS OF DIABETES

TYPE 1 DIABETES
- Frequent urination
  - Extreme thirst
- Extreme hunger
- Unusual weight loss
- Extreme fatigue (tiredness)
- Extreme irritability
- Confusion
  - Fruity Breath
  - Nausea
  - Vomiting

TYPE 2 DIABETES
- No symptoms
- Any symptom associated with Type 1 diabetes
- Frequent infections, especially yeast infections
  - Blurred vision
- Slow healing sores (cuts/bruises)
- Tingling and numbness of the hands and feet
  - Fatigue

HYPERGLYCEMIA
(HIGH BLOOD SUGAR)
Hyperglycemia (higher than normal blood sugar) occurs in diabetes or in persons with diabetes who forget to take medications or modification, overeat, or become ill, or stressed for other causes.

HYPOGLYCEMIA
(LOW BLOOD SUGAR)
Hypoglycemia is a serious condition and can cause brain damage. It can be caused by skipping meals or taking too much medication, or other causes. Hypoglycemia is defined as a blood glucose of less than 70. Ask if a person is on diabetes medication.

SYMPTOMS OF HYPOGLYCEMIA
- Confusion or difficulty concentrating
- Weakness
- Seizures
- Pale skin color
- Tingling sensation around the mouth
- Extreme hunger
- Changes in mood
**MEASURING BLOOD GLUCOSE**

- Blood glucose is measured to check for the presence of diabetes or to test the effectiveness of treatment for diabetes.
- Blood glucose monitoring is also useful to determine if hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar) is present. Do not ask if a person is on diabetes medication.

**CLASSIFICATION OF BLOOD SUGAR LEVELS**

- Normal fasting (no food for 8 hours) blood level: less than 100
- Diagnosis of Diabetes fasting blood sugar: 126 or higher
- Normal random (no fasting) blood sugar: less than 140
- Normal Hemoglobin A1C is less than 5.5. Higher values also used to diagnose diabetes
- Low blood sugar (hypoglycemia) is blood glucose less than 70 with symptoms.

Prior to sticking the finger for blood to measure glucose, the following things must be done:

1. Assemble the necessary equipment to proceed.
2. Ask if the person wishes to know their blood sugar level and get the person’s permission for a finger stick.
3. Each meter will have its own instructions. Read the instructions provided with the meter carefully and reread before each use if needed.
4. Prevent personal contact with blood.
   - Use personal precautions to prevent acquiring blood borne infections even if the patient sticks their own finger.
   - The components of universal precautions include:
     - Wearing gloves when doing finger sticks, changing gloves or wiping gloves with a disinfectant between each finger stick.
     - Applying appropriate pressure.
     - Dispose of lancets and all other materials with blood on them into an appropriate container.
     - Use an approved sharps container. Plastic bottles are not acceptable. The Mississippi Department of Environmental Quality has established a network of collection stations throughout the state where the public may drop off their used sharps for safe disposal. There is no cost for this service. Visit The Mississippi Department of Environmental Quality website at: www.deq.state.ms.us/medsharps, or call 601-961-5171, for a complete list of collection stations in your area.
5. Communicate the glucose level to the person. If the level is elevated, ask asymptomatic individuals to have the value rechecked by a health provider. If the patient is symptomatic, suggest they go to the nearest emergency facility.

When testing for the diagnosis of diabetes, the most accurate test is the fasting blood sugar which is performed after an individual has not eaten or had anything to drink other than water for at least 8 hours. A random test or Hemoglobin A1c is performed without regard to when one has eaten.
IMPORTANT

IF THE BLOOD GLUCOSE IS LESS THAN 70, PATIENTS SHOULD:

- Drink ½ cup fruit juice (like orange juice) or ½ of a regular soda
- Eat 4-5 pieces of hard candy or a 15 gram glucose tablet

After 15 minutes, re-check the person’s blood sugar. If it is still less than 70, repeat the steps above and consider obtaining medical attention. If it is above 70, the person should then be encouraged to eat a good snack with complex carbohydrates such as a sandwich.

ACTIVITY

At this time, demonstration and return demonstration of blood glucose measurement will take place.

MATERIALS REQUIRED:

- Glucometer
- Alcohol preps
- Cotton balls
- Band-aids
- Glucose testing strips
- Lancet for finger stick
- Non-sterile gloves
- Sharps container

INSTRUCTIONS:

- Read about and become familiar with the particular glucometer, lancet, and testing strips you will be using. Some meters require more steps to get started than others.
- After washing your hands, gather all materials.
- Put on non-sterile gloves.
- Select the finger to be used and clean it thoroughly with an alcohol prep.
- Using the lancet, prick finger as directed by the manufacturer. You may have to gently squeeze the finger until a small drop of blood appears.
- Touch the end of the testing strip to the drop of blood.
- Place a cotton ball or piece of gauze on the area. Ask the individual to apply pressure to stop any further bleeding.
- Place a bandage on the area if needed.
- Dispose of lancet and bloody materials as appropriate being careful to protect yourselves (e.g. gloves).

Abnormal Blood Sugars

- 126 or higher after an overnight fast
- 200 or higher on more than one occasion without fast
FEAST AND FAMINE:

- Fat is stored energy. Fat can be broken down into sugar, the major energy source for the body. The Old Testament records periods of feast and famine. During times of famine, those individuals who had some body fat were more likely to survive than those who had none.
- Times have changed. Now, we don't have times of famine, do much less physical labor to burn fat off and eat too much fat in our diet. This has resulted in an epidemic of diseases caused by excess fat.

WHO IS MORE AT RISK FOR OBESITY?

<table>
<thead>
<tr>
<th>RISK FACTOR</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race/ethnicity</td>
<td>African-Americans, Asians, American-Indians, and Pacific Islanders</td>
</tr>
<tr>
<td>Age</td>
<td>Individuals over the age of 45</td>
</tr>
<tr>
<td>Family history</td>
<td>An individual with a family history of obesity.</td>
</tr>
<tr>
<td>Medications</td>
<td>Medicines such as diabetes medicines, corticosteroids, antidepressants, or others.</td>
</tr>
<tr>
<td>Medical Conditions</td>
<td>Some medical conditions such as underactive thyroid or others</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>People who eat more calories than needed and do not burn off any with activity</td>
</tr>
</tbody>
</table>
IS BODY FAT BAD?
- Fat is not necessarily bad. In fact, some fat is perfectly normal.
- However, too much fat and fat in the wrong location can result in a number of health problems.
- To handle extra weight, organs like the heart and blood vessels have to work harder.
- This can lead to diseases such as diabetes, high cholesterol, high blood pressure, heart disease, heart failure, and other complex problems.

HOW DO WE DEFINE OBESITY?
Obesity is presently defined by the Body Mass Index (BMI). This number is a calculation made on the basis of height and weight. You can use an internet calculator or a chart (provided here) to determine the Body Mass Index. BMI is especially useful in that it adjusts weight for differences in height.

Weight Classifications
- Underweight = less than 18.5
- Normal weight = 18.5–24.9
- Overweight = 25–29.9
- Obesity = BMI of 30 or greater

COMPLICATIONS OF OBESITY
- Osteoarthritis
- Gout
- High blood pressure
- Stroke
- Cataracts
- Coronary heart disease
- Diabetes
- High cholesterol
- Kidney disease
- Cancer

ACTIVITY
1. At this time, demonstration and return demonstration of weight and Body Mass Index (BMI) measurement will take place.
2. What should you say to a person who has an abnormal BMI? The first rule is, “Do no harm.” How does that rule guide your comments?
3. For more information on weight management and fitness, please go to Southern Remedy’s Healthy Living Guide. There you will learn the “plate method” of portion and calorie control. This method will be briefly demonstrated for you today.
<table>
<thead>
<tr>
<th>Your Height</th>
<th>Healthy Range</th>
<th>Overweight</th>
<th>Obese</th>
</tr>
</thead>
<tbody>
<tr>
<td>4'10&quot;</td>
<td>91</td>
<td>119</td>
<td>143</td>
</tr>
<tr>
<td>4'11&quot;</td>
<td>96</td>
<td>124</td>
<td>148</td>
</tr>
<tr>
<td>5'0&quot;</td>
<td>100</td>
<td>128</td>
<td>153</td>
</tr>
<tr>
<td>5'1&quot;</td>
<td>106</td>
<td>133</td>
<td>158</td>
</tr>
<tr>
<td>5'2&quot;</td>
<td>111</td>
<td>138</td>
<td>163</td>
</tr>
<tr>
<td>5'3&quot;</td>
<td>116</td>
<td>143</td>
<td>169</td>
</tr>
<tr>
<td>5'4&quot;</td>
<td>122</td>
<td>148</td>
<td>174</td>
</tr>
<tr>
<td>5'5&quot;</td>
<td>128</td>
<td>153</td>
<td>180</td>
</tr>
<tr>
<td>5'6&quot;</td>
<td>134</td>
<td>158</td>
<td>186</td>
</tr>
<tr>
<td>5'7&quot;</td>
<td>140</td>
<td>163</td>
<td>191</td>
</tr>
<tr>
<td>5'8&quot;</td>
<td>146</td>
<td>168</td>
<td>197</td>
</tr>
<tr>
<td>5'9&quot;</td>
<td>152</td>
<td>173</td>
<td>203</td>
</tr>
<tr>
<td>5'10&quot;</td>
<td>158</td>
<td>177</td>
<td>209</td>
</tr>
<tr>
<td>5'11&quot;</td>
<td>164</td>
<td>182</td>
<td>215</td>
</tr>
<tr>
<td>6'0&quot;</td>
<td>170</td>
<td>187</td>
<td>221</td>
</tr>
<tr>
<td>6'1&quot;</td>
<td>176</td>
<td>192</td>
<td>227</td>
</tr>
<tr>
<td>6'2&quot;</td>
<td>182</td>
<td>197</td>
<td>233</td>
</tr>
<tr>
<td>6'3&quot;</td>
<td>188</td>
<td>203</td>
<td>240</td>
</tr>
<tr>
<td>6'4&quot;</td>
<td>194</td>
<td>209</td>
<td>246</td>
</tr>
</tbody>
</table>

BMI | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 35 | 40 |
SOUTHERN REMEDY’S HEALTHY LIVING PROGRAM: AN INTRODUCTION

TWO METHODS FOR WEIGHT CONTROL:
PORTION CONTROL AND CALORIE COUNTING
FROM SOUTHERN REMEDY HEALTHY LIVING

PORTION CONTROL
- Portions are the amounts of food we place on our plates.
- The portions we are eating are not necessarily the recommended “serving size”.
- Our portions have greatly increased over the years.
- Larger portions mean more calories per day and more chances of putting on fat.
- We will teach you portion control using the plate method in Southern Remedy Healthy Living.

CALORIE COUNTING
Calories are units of energy
Calories DO Count!
Calculate a calorie goal

To Lose Weight Counting Calories
- Calculate your calories required per day to stay at your current weight (Current weight in pounds x 12)
- To lose 1 pound / week: Eat 500 calories less per day
- To lose 2 pounds / week: Eat 1,000 calories less per day

WEIGHT LOSS
- Weight loss requires calorie counting, portion control, and exercise to preserve muscle.
- A person should lose no more than two pounds per week. Losing more than two pounds per week can be harmful in the short term and ineffective in the long term.
- Set the minimum calorie goal at 1200 calories. Below that, it is hard to meet the body’s nutritional needs. The Healthy Living Plate is a 1200-1400 calorie/day.
- Most overweight men can eat 2000 calories daily and lose weight. Most overweight women can eat 1500 calories daily and lose weight.
Healthy Eating Tips from Southern Remedy
Healthy Living: Teaching the Healthy Living Plate

COMPONENTS OF A PORTION PLATE

GENERAL: For healthy eating, preparation is key. To keep the calories to a minimum, red meat, white starches, added sugar, and sugary drinks and sauces should be limited. In addition, sodium/salt should be kept to a minimum. Look for no-salt herbal spice mixes and fresh herbs to flavor your food. Variety makes this section fun!

VEGETABLES: Make ¼ of your plate non-starchy vegetables. Vegetables may be divided into two groups, starchy (high in sugar) and non-starchy (high in complex carbohydrates, fiber, and nutrients).

FRUITS: Fresh fruits provide the most nutrition, but if this is not possible, frozen fruits or fruits packed in their own juices or in water are best. The juice in the fruit counts as an extra fruit serving. Make ¼ of your plate from the fruit group.

GRAINS: This is a broad group that includes breads, pastas, rice, and starchy vegetables such as potatoes. We recommend WHOLE grains compose 1/4 of the plate. This can be tricky at first, so paying attention to labels is key. In general, it is better to avoid “white” breads, pastas, and rice, and choose “brown” varieties.

PROTEIN: These include lean meats, fish, some beans (kidney beans, etc.), nuts, eggs, and peanut butter. A protein portion for most adults is less than 3 ounces at each meal. Tell participants that 3 ounces is about the size of one deck of cards.

DAIRY: This includes milk, yogurt, and cheese. The best option is low-fat or fat free since they contain fewer calories and less fat. Adults may have up to 3 cups of dairy every day. Some examples of dairy choices per meal include: 8 ounces of fat-free milk, 8 ounces of low calorie yogurt, or 2 ounces of cottage cheese.

GENERAL POINTERS

A person does not have to give up all of the foods they enjoy, but they need to eat the correct serving sizes.

- Eat what you like, just eat less.
- Use measuring cups.
- Read food labels.
- Use a portioned plate or salad plate.
- Avoid adding salt and high sodium foods.
- Avoid or cut back fried foods.
- Have a colorful plate; half your plate should be fruits/vegetables.
- Buy single servings of “junk food” when you are craving them. (Example: Go to ice cream shop and get one scoop of ice cream rather than keeping the gallon in the freezer.)
- Share your meal when you eat out or place half the meal in a take-out plate before you begin eating.
- Change dairy products to low fat or fat-free.
- DO NOT drink your calories (sodas, sports drinks, sweet tea).
- DO NOT eat in front of the television. You tend to overeat when you are not paying attention.

More details available in Southern Remedy’s Healthy Eating Guide and choosemyplate.gov
TOPIC NINE

INTERPRETING A HEALTH PROVIDER’S
Instructions on a Pill Bottle

Drug Facts

Active ingredient (in each tablet)
Chlorphenamine maleate 2 mg

Purpose
Relieves sneezing, runny nose, itchy, watery eyes

Uses
Relieves symptoms due to hay fever or other upper respiratory allergies

Warning
Do not use if you have

- Are taking medications for breathing problems such as asthma or chronic bronchitis
- Have trouble urinating due to an enlarged prostate gland

Ask a doctor before use if you are taking tranquilizers or sedatives

When using this product

- Avoid alcohol, sedatives, and tranquilizers
- Do not drive a motor vehicle or operate machinery

Directions

- Children 6 years and under: 1 tablet every 4 to 6 hours.
- Children 6 years: Take 1 tablet every 4 to 6 hours.
- Adults: Take 1 capsule every 4 to 6 hours.

PRESCRIPTION LABELS

You may be asked by someone to interpret a prescription label. It is important to

be familiar with the components of a prescription label to ensure medications

are taken as ordered and to prevent medication errors.

WHAT IS A PRESCRIPTION?

A prescription is meant to be a communication between health providers and patients. A prescription
| Children under 6 years | Ask a doctor |

**Other Information**
- Store at 20-25°C (68-77°F)
- Protect from excessive moisture

**Inactive Ingredients**
- D&C yellow no. 10, lactose,
- magnesium stearate, microcrystalline cellulose, pregelatinized starch
PRESCRIPTION FACTS

- Individuals get their prescriptions filled only about 50% of the time, and even when they get the medications filled, only take those medications correctly about 50% of the time.
- Not taking medications correctly can lead to a decline in health status, hospitalization, or even death.
- Forgetfulness is one of the main reasons an individual does not take his or her medication correctly.
- There are many suggestions you can give to help individuals remember to take medications.

Often, an individual does not take their medication correctly because he or she thinks “I don’t need it!” or “I feel fine, so I’ll just save this dose for another day.” Understanding the reason the healthcare provider prescribed the medication is one way to avoid these reasons for non-adherence. Individuals who utilize the Ask Me 3 questions discussed earlier are more likely to understand why the medication is needed as well as what to expect from the medication, and are more likely to take the medication as prescribed.

Keeping a list of current medications is a great way to review all medications with a healthcare professional at one time. The individual can ensure that each of the current medications is still necessary, and can review any side effects that may be occurring. The “Script Your Future” wallet card is an ideal place to keep medication information readily accessible.

ACTIVITY

At this time, participants will be taught how to read instructions on a pill bottle and return demonstration will occur.

Patients should take all of their pill bottles to the doctor’s office when they go for a visit.
IDEAS FOR IMPROVING MEDICATION USE

- Utilize a daily/weekly/monthly pill box (available at pharmacies) to make sure medications are taken at the right day and time.
- Set a “medication alarm clock” to sound when medications are due each day.
- Associate medication-taking with another daily routine, such as brushing teeth or eating breakfast.
- Have a local “medication buddy” (either friend or family member) who will call and give a “take your medicine!” reminder.
- Leave notes around the house reminding of medication dose times.
- Use a diary system or log-book to write down the day and time every time the medication is taken; this will help avoid double-doses.
- Plan ahead for weekends and traveling. Don’t wait until the pill bottle is completely empty before calling for a refill; call the pharmacy several days in advance so the prescription will be ready to pick up and doses won’t be missed.
- Utilize the refill reminder program at the pharmacy; the pharmacy will automatically refill the medication and call when it’s ready to be picked up.
COMMUNICATING WITH A HEALTH PROFESSIONAL?

As a Community Health Advocate, you will from time to time, speak with a health provider on behalf of an individual. When this occurs, it will be important to deliver information to the provider and to receive information from the health provider. The “P.A.C.E.” method has been proven to be effective when speaking to a health provider about an individual’s health. It is also a helpful way for a patient to speak with a provider.

If you provide medical information about an individual to a healthcare provider, you must have the patient’s permission to do so. Never provide medical information about a patient to anyone other than a healthcare provider.

You may want to write down what you want to discuss with the health provider prior to the phone call or visit using P.A.C.E. It is a good idea to recommend that people write down a list of their questions to take with them to the health provider’s office.

ASK ME 3

• What is my main problem?
• What do I need to do?
• Why is it important for me to do this?

P.A.C.E

P...Provide information about patient concerns and listen to the response
A...Ask questions
C...Clarify what you hear by repeating the instructions you receive back to the provider
E...Express any concerns you may have

(Source: Morehouse School of Medicine ABCD Program, 2010)

ACTIVITY

At this time participants will practice how to effectively communicate with a health provider.
Maintaining Healthcare

To ensure that patients are properly prepared for the visit to their health provider, it is important for them to know how to read an appointment card. An appointment card assists you in answering the following questions.

- Why return to the health provider’s office?
- When to return to the health provider?

STAYING IN TOUCH

- Health care providers frequently make decisions about further treatment based on the response to initial treatment. That is why it is so important to keep follow up appointments - even if a recommended treatment is not working. That is also why taking medicines as prescribed is essential.
- Encourage patients to ask for an appointment card after each visit. If the card does not have work day and after hours provider contact information, that should be provided.
- If patients miss a scheduled appointment, encourage them to offer an explanation when rescheduling.
- If patients must cancel an appointment, encourage them to schedule a new appointment at the time they call to cancel.
- If side effects to a medicine occur, the provider should be called immediately so adjustment can be made.

To ensure that patients are properly prepared for the visit to their health provider, it is important for them to know how to read an appointment card. An appointment card assists you in answering the following questions.

- Why return to the health provider’s office?
- When to return to the health provider?
- What to do if I have questions?

ACTIVITY

At this time, participants will practice reading an appointment card
One of the most important roles of a community health advocate is assisting patients in finding a permanent health care provider.

- Mississippi has alternate pathways to health care for patients with difficulties in access to health care, including those with no insurance.
- Federally Qualified Health Centers (FQHCs) are designed to provide health care for individuals who are un-insured or underinsured. There are 21 FQHCs in the state of Mississippi with over 160 sites including school-based clinics. FQHCs provide medical, dental, social service, transportation, and vision services (in select locations) to individuals regardless of their ability to pay.
- FQHCs are not free clinics, but offer services based on a sliding fee scale based on income level. Further information about FQHCs can be obtained from the Mississippi Primary Health Care Association (www.mphca.com or Phone: (601) 981-1817).
- As a CHA, you should identify the FQHCs in areas of the state to provide information about access to those individuals you identify as needing medical care through your health screenings.
- Many hospitals and a few independent private practices in Mississippi participate in another federally supported program, the Rural Health Clinic (RHC) program, which likewise has the ability to provide care for patients with limited or no health insurance. There are over 160 Rural Health Clinics in Mississippi. More information can be obtained about them from the Mississippi Rural Health Association at www.mshra.org or by calling 601.898.3001.
- Many hospitals and clinics also provide patient guidance in obtaining options for financial assistance, including both private and public health insurance. Patients should be encouraged to ask for this service, usually termed “financial counseling.”
Tobacco Facts

- Smoking causes 38% of all deaths in the United States and shortens lifespan by an average of seven years.
- Use of tobacco in any form is associated with multiple adverse impacts on health.
- In addition to cancer of the mouth and respiratory tract, tobacco causes chronic lung disease, adverse effects on pregnancy, skin and bone problems, among others.
- The average smoker can save $150 a month by quitting.
- Nicotine stimulates a number of centers in the brain to cause nicotine dependence.
- Nicotine dependence is present if withdrawal symptoms occur when attempts are made to stop tobacco use.
- Nicotine dependent individuals use high quantities of tobacco. They begin use in the morning and continue using into the night.
- E-cigarettes are nicotine delivery devices. At present, there is no consensus as to whether they pose less risks than tobacco products. We do know that nicotine is addictive and has adverse health effects.

Readiness Screening

Readiness to quit tobacco usage is easy to determine, as most people know that smoking is a bad health choice. Individuals ready to quit have tried to quit before, have a plan to quit, now or in the future, and clearly want to quit now.
- Those “ready to quit” individuals should be informed that tobacco of any form is addictive and a formal plan to kick the habit will be most likely to help them stop smoking. They also need to understand that falling off the wagon often occurs and multiple attempts to quit may be necessary.
- There is a large body of literature on smoking cessation and many resources are available.
- In Mississippi, we are fortunate to have a special facility called the ACT Center located at the Jackson Medical Mall. The ACT Center coordinates tobacco cessation programs throughout the state.
- Your role is to identify smokers, see if they are ready to stop smoking and connect those who are ready with the resources below.
- If individuals are not ready, some general information should be provided as to why they should get ready.
- Encourage those ready to quit to call the toll-free Quit Line (1-800-Quit-Now, 1-800-784-8669, where they will find basic counseling and free nicotine withdrawal products such as Nicorette.
TOBACCO TREATMENT CENTERS

Brookhaven 601.835.9406
Batesville 662.712.1472
Columbus 662.244.2163
Greenville 662.725.2178
Gulfport 228.867.4022
Hattiesburg 601.288.3880
Iuka 662.423.4675
McComb 601.249.1868
Meridian 601.484.3374
Pascagoula 228.497.7470
Picayune 601.798.4711 X1193
Tupelo 662.377.5787

FOR INDIVIDUALS WHO ARE NOT READY TO QUIT

- Encourage them to reduce their tobacco usage, gradually.
- For smokers, this could be as simple as one cigarette per week or one cigarette per day.
- For individuals who use dip tobacco, the quantity of the dip or chew should similarly be reduced.
- Making individuals aware of the symptoms of nicotine withdrawal can be helpful as they go through the various withdrawal stages. That is, when these symptoms occur, they need to temporarily stay at their present nicotine level before decreasing tobacco use further.
Cultural Competency

It is Important to Know What Culture Means:
- Culture is the shared experiences, attitudes, values, beliefs, and customs of a group of people.
- Culture may be specific to a certain race, ethnicity, region, gender, social class, or other categories of people.
- Culture provides a lens through which people view the world. This lens guides a person's behavior including how health is perceived and managed.

Your Check List for Cultural Competency

• Be nonjudgmental
• Be flexible
• Be resourceful
• Listen to people's stories
• Notice differences in communication styles
• Listen carefully and observe attentively
• Pay attention to your feelings
• Know your biases about different cultures
• Show respect
• Show empathy
• Have patience

Cultural Competence Promotes Trust and Compliance to Medical Advice

• Cultural competency is not achieved overnight. It is a life-long skill that requires continuous self-assessment and learning of other cultures.

• As a community health advocate, it is important to become culturally competent. At any time during your service, you may work with diverse groups of people. A key component of your task is to develop relationships and trust with others.

• Being culturally competent will allow you to reach out to these culturally diverse groups and establish trust and relationships with them.
IMMUNIZATIONS

- Immunization is the process of building a defense against disease by exposure to an altered, nontoxic form of the agent causing disease. As the number of people who are immunized increases, the risk of a disease spreading is decreased. This is known as community (or herd) immunity.
- Depending on the disease, a series of vaccine doses may be needed. Some diseases require booster doses every year or less frequently.
- With any medical care, safety is most important. The same is true for vaccines. Talking to a health professional can help calm fears about vaccines and decrease the risk of side effects.
- It is important to keep a record of all vaccines taken. Some regional health departments and clinics may participate in an immunization registry that keeps this information. Even so, it is best to keep your own set of records for ease of use.
- Some individuals fear vaccination for personal, religious, or other reasons. Showing them how immunizations have decreased the number of individuals who develop measles and mumps will show them the positive effects of immunization.

NUMBER OF US CITIZENS WITH RUBELLA, MUMPS, OR MEASLES SINCE WIDESPREAD IMMUNIZATION BEGAN

Immunizations presently recommended for Adults
Pneumonia shot: pneumococcal polysaccharide
Flu: Influenza vaccine
Hepatitis: Hepatitis A and B
Tetanus (Booster)
Diphtheria (Booster)
Herpes Zoster (Shingles)
Cervical Cancer: Papilloma Virus
Travel vaccines: Yellow Fever, Hepatitis, etc.
ORAL Health

- The mouth normally has numerous bacteria (germs). Some are good, some are bad.
- Poor oral health is associated with loss of teeth and heart disease.
- The best way to prevent tooth decay and gum disease is to correctly brush and floss each day and visit a dentist at least once a year.
- Without daily cleaning and a good diet, germs can accumulate into deposits (plaque) and cause tooth decay, cavities, and gum disease (periodontitis).

BRUSHING TECHNIQUES

- Use a soft-bristled brush and grasp it as you would a pencil.
- Use a toothpaste that contains fluoride. Look in the list of “active ingredients” on the box for “sodium fluoride, stannous fluoride, or sodium monofluorophosphate.” Most well-known products contain fluoride in some form.
- Place the top of brush against teeth so that it is angled slightly toward the gums.
- Using a circular motion, gently brush 2-3 teeth at a time for a few seconds before moving on to the next group of teeth.
- Brush all surfaces of your teeth: front side, back side, and chewing surface for a total of 2-3 minutes for the entire mouth. It is important NOT to use a back and forth, sawing type motion as this may lead to gum problems. Use a gentle circular motion.
- Brush after every meal and change your brush every 3-4 months since germs may build up on it.
- If you choose to use an electronic toothbrush, read the manufacturer’s directions for use and carefully follow them.
FLOSSING TECHNIQUES

- Flossing should be done at least once a day. The purpose of flossing is to remove germs from the spaces between the teeth where a brush cannot reach, and also to clean BELOW THE LEVEL OF THE GUMS.

- First, tear off a piece of floss roughly 18 inches long and wrap one end around your right (or left, if left-handed) index finger a few times.

- Then gently run the floss between your teeth to get below the area where the teeth touch.

- Next, wrap the floss around the tooth so it forms a “C-Shape” and, on the front tooth, rub the floss all the way up to the contact of the teeth and then all the way back down, BELOW THE GUMLINE. Then do this for the rear tooth.

- For folks with bridges or crowns, floss threaders or a brush specifically designed to clean around the interface of the crown and tooth should be used. Those products can be purchased in pharmacies or in most super-stores.

American Dental Hygienists Association www.adha.org
American Dental Association www.ada.org
CHILDREN’S ORAL HEALTH

- Avoid fruit juices, sodas and other sugary drinks to prevent cavities.
- Do NOT dip baby's pacifier in sugary liquids (such as syrup, fruit juice, etc.)
- Best not to put a baby to sleep with bottle, but if necessary, use water only.
- Very young children should have first dental visit around their first birthday (even if no visible problems with teeth).
- Cleaning infant’s mouth with a wet cloth should begin a few days after birth.
- Infant’s teeth make their appearance at 6-7 months (this can vary).
- Begin brushing with water as soon as teeth appear.
- At 2 years old, teeth should be brushed with fluoride toothpaste (making sure it is spit out when finished).
- Begin flossing when the child has 2 teeth that touch.
- It is highly recommended that children receive fluoride treatment or sealant.

PREGNANT WOMEN’S ORAL HEALTH

Women who are pregnant or may become pregnant should see a dentist very early in pregnancy as hormonal changes can make them more susceptible to gum changes and tooth decay.

SENIORS’ ORAL HEALTH

- For seniors or folks with arthritis, brush with an electric toothbrush, use a grip device, or wrap duct tape around the toothbrush for a less painful grasp.
- Dry mouth syndrome can be improved by special rinses and toothpastes recommended by a dentist. Individuals should inform health providers of dry mouth syndrome since some medications affect symptoms.
- Clean dentures daily using a soft bristled brush and either denture cleanser or dishwashing soap. Toothpaste and other household cleaners should be avoided, as they can be too abrasive to dentures. When not wearing dentures, store in mixture of room temperature water and denture cleaner. Dentures with metal clasps should not be soaked in water as that can cause the metal to tarnish.
- A diet low in sugar/refined carbohydrates contributes to better oral health. For those with an insatiable sweet tooth, use ADA approved candies and gums that contain xylitol (known to kill germs in the mouth)
- If a history of heart disease or joint replacement surgery is present, the dentist should be informed as antibiotics may be needed before certain visits.
Health Screenings

Health screenings are tests that detect a disease before the symptoms start. When caught early, diseases can be prevented or treated more successfully. Some screenings are recommended yearly, while others only occur at certain ages.

### HEALTH SCREENINGS FOR MEN AND WOMEN

<table>
<thead>
<tr>
<th>Screening test</th>
<th>Recommendation</th>
<th>For whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Examination</td>
<td>From 18-61 every two years&lt;br&gt;For 61+ every year</td>
<td>Men and Women</td>
</tr>
<tr>
<td>Dental Examination</td>
<td>Twice a year</td>
<td>Men and Women</td>
</tr>
<tr>
<td>Blood Pressure Test</td>
<td>Every two years if you have normal blood pressure (lower than 120/80)&lt;br&gt;Once a year if you have blood pressure between 120/80 - 139/89</td>
<td>Men and Women</td>
</tr>
<tr>
<td>Diabetes Screening</td>
<td>Annually if &gt;45 years of age&lt;br&gt;If &lt;45 years of age and overweight with one or more risk factors</td>
<td>Men and Women</td>
</tr>
<tr>
<td>Cholesterol Test</td>
<td>Screen at least once every 5 years (ATP III)&lt;br&gt;Re-screen more often as indicated</td>
<td>Men and Women</td>
</tr>
<tr>
<td>HIV and STI Test</td>
<td>If sexually active or if older than 21, every 3 years</td>
<td>Men and Women</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>At age 50 and as advised by your doctor</td>
<td>Men and Women</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>Every three years if 21 or older&lt;br&gt;Have had vaginal sex</td>
<td>Women</td>
</tr>
<tr>
<td>Breast Cancer Screening</td>
<td>Starting at age 50 every 2 years&lt;br&gt;Or have a family history&lt;br&gt;Or advised by a doctor</td>
<td>Women</td>
</tr>
<tr>
<td>Bone Mineral Density Test</td>
<td>At least once if &gt; 65 years of age&lt;br&gt;65 years of age if at risk</td>
<td>Women</td>
</tr>
<tr>
<td>Prostate Cancer Test</td>
<td>Starting at age 50&lt;br&gt;Or as advised by a doctor</td>
<td>Men</td>
</tr>
<tr>
<td>Depression</td>
<td>If feeling down, sad, or hopeless or have little interest or pleasure in your activities</td>
<td>Men and Women</td>
</tr>
</tbody>
</table>
Stress Management

- Stress is the body's normal response to fear and can be triggered by a number of events, both positive and negative.
- Planning a wedding, starting a new job, or buying a house are happy milestones that can cause stress. The sudden illness of a loved one, losing a job, injury, or illness are situations associated with stress that may last much longer.
- When prolonged, stress can worsen pre-existing conditions such as heart disease and high blood pressure, cause depression and anxiety disorders, and weaken the immune system. Even when stress is short term, it affects your entire body and can cause symptoms.

**SYMPTOMS OF STRESS**

<table>
<thead>
<tr>
<th>BRAIN AND NERVES</th>
<th>SKIN</th>
<th>MUSCLES AND JOINTS</th>
<th>DIGESTIVE SYSTEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>headaches,</td>
<td>flushing, muscle aches faster heart beat</td>
<td>nausea, stomach pain, heart burn, diarrhea, constipation, and other digestive problems</td>
<td></td>
</tr>
<tr>
<td>trouble sleeping,</td>
<td>burning, itching and spasm in the neck and rise in blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>lack of energy,</td>
<td>itching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>altered eating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>habits, memory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>problems, trouble</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>concentrating,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sadness, nervousness, anger, irritability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TIPS TO MANAGE STRESS**

- You can react faster to manage stress better if you learn how it affects you. Questions to ask are: “How do I know when I am stressed?” “How do I react to stress?” “What stresses me out the most?”
- When possible, avoid those triggers of stress that are most problematic for you.
- Use your social support. Talk to a friend or family member about how you feel.
- Exercise is the best medicine to treat stress.
- Set reasonable standards and reachable goals for yourself and others.
- Avoid alcohol and tobacco products and illicit drugs to treat stress.
- Learn to prioritize and delegate tasks.
- Take time to enjoy activities you like to do.
- Stay positive. Remember to laugh and keep a good attitude.
- Get adequate sleep (8 hours).
- Learn and apply stress management skills like rhythmic breathing, change of focus, and others readily available online.
- Seek professional help early if stress negatively affects lifestyle, work, or relationships.
Contributors

BONNIE P. CARMINATI, R.N., M.S.N., N.P.C., C.D.E.
Instructor, Department of Medicine
University of Mississippi Medical Center

RICHARD D. DESHAZO, M.D.
Billy S. Guyton Distinguished Professor
Professor of Medicine and Pediatrics
University of Mississippi Medical Center

ROBIN HOWARD, Ph.D., R.D.H.,
School of Dentistry

MICHAEL JONES, R.N., M.S.N., M.B.A.
Deputy Director
Myrlie Evers-Williams Institute for the
Elimination of Health Disparities
University of Mississippi Medical Center

KELLY LAND, R.N., M.S.N., N.P.
Instructor, Department of Medicine
University of Mississippi Medical Center

DEBORAH MINOR, Pharm.D.
Professor, School of Medicine
University of Mississippi Medical Center

ROSEMARY MOAK, B.A., M.S.
Community Health Advocate
Coordinator, Department of Medicine
University of Mississippi Medical Center

ALAN PENMAN, M.B.C.H.B., PH.D., M.P.H.
Professor, School of Medicine
University of Mississippi Medical Center

PENNY ROGERS, M.A.T., O.T.R./L.
School of Health Related Professions
Assistant Professor
University of Mississippi Medical Center

LINDSEY TILLMAN, Pharm.D.
Resident, Department of Pharmacy
University of Mississippi Medical Center

VICTORIA WALKER, M.P.H.
Student, University of Southern Mississippi

KARA AVERY, B.S.
VISTA Volunteer
University of Mississippi Medical Center

LEIGH BALDWIN SKIPWORTH, B.A.
Program Administrator
Department of Medicine
University of Mississippi Medical Center

Special Thanks

TOM FORTNER
Chief Public Affairs and
Communications Officer
University of Mississippi Medical Center

MARSHALL RAMSEY
Staff Cartoonist
The Clarion-Ledger

MARY HARVEL
Graphic Designer
Public Affairs
University of Mississippi Medical Center

CLIFF LEVERETTE
Graphic Designer
Public Affairs
University of Mississippi Medical Center
Bibliography/Resources

AMERICAN DIABETES ASSOCIATION
www.diabetes.org

AMERICAN HEART ASSOCIATION
www.americanheart.org

CENTERS FOR DISEASE CONTROL AND PREVENTION
(Diabetes)
www.cdc.gov/diabetes

CENTERS FOR DISEASE CONTROL AND PREVENTION
(Hypertension)
www.cdc.gov/bloodpressure

HEALTH RESOURCES AND SERVICES ADMINISTRATION
(Health Literacy)
http://www.hrsa.gov/publichealth/healthliteracy

MOREHOUSE SCHOOL OF MEDICINE NATIONAL CENTER FOR PRIMARY CARE
(P.A.C.E.)
http://msm.edu

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE
(BMI)
http://www.nhlbisupport.com/bmi/

PARTNERS IN HEALTH
(Community Health Workers)
www.pih.org/pages/community-health-workers/

PLAIN LANGUAGE FOR HEALTH COMMUNICATIONS

THESAURUS
www.plainlanguage.gov

WOMEN’S HEALTH
(Prescription)
www.womenshealth.gov

IMMUNIZATION
http://www.vaccines.gov/
http://www.niaid.nih.gov
http://www.cdc.gov/vaccines/
http://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html

AMERICAN DENTAL ASSOCIATION
www.ADA.org
AMERICAN DENTAL HYGIENIST ASSOCIATION
www.ADHA.org

WORLD HEALTH ORGANIZATION
www.WHO.int

MISSISSIPPI STATE DEPARTMENT OF HEALTH
www.msdh.state.ms.us

IMAGES
http://www.qualitydentistry.com/dental/periodontal/perio/perio.html

MEDLINE PLUS

CENTER FOR DISEASE CONTROL AND PREVENTION
http://www.cdc.gov/family/checkup/

AMERICANHEART ASSOCIATION
http://www.heart.org/HEARTORG/