Health Advocate Intervention Guide: NCD ACTION PLAN

Over the course of 1 year, the health advocate(s) will collaborate with PoW leaders and fellow congregants to implement an Action Plan targeting NCDs and their risk factors. The Action Plan is comprised of five main components:

1. Health Education
2. Support for Lifestyle Change
3. Risk Factor Screening and Tracking
4. Patient Support
5. Policy Change

Each component is described in detail below.

Component 1 – Health Education

1.1 Objectives

This component will require the HA to work toward the following:

1. Provide accurate information on NCDS (diabetes, hypertension, heart disease, stroke) and their risk factors (obesity, inadequate exercise, unhealthy diet, smoking, excess alcohol use, stress) to all congregation members
2. Give advice on danger signs and symptoms of hypertension, diabetes, heart attack and stroke
3. Give information on health and social services available in the community, regionally and nationally such as National Insurance Scheme (NIS)

1.2 Methods

In order to improve knowledge about NCDs and their risk factors, complications, prevention and treatment, HAs will provide basic information in a simple enough format for congregants to understand, regardless of their literacy levels. The main method for sharing information will be via a short (5 – 10 minute) talk on a single topic each week. These talks should be done just before, during, or after a service, in order to reach the largest possible audience. To ensure that the content of the talks is accurate, the CONTACT team will provide the HAs with "topic guides", which include content and instructions for conducting the talk. The talks may be delivered in any order, e.g., as requested by the congregation, but a recommended schedule is provided below.

Information about NCDs and other health conditions will also be shared in the form of print materials and audio/video recordings (where facilities exist). These materials should only be taken from reliable sources, e.g., PAHO/WHO, Ministry of Public Health, CONTACT Study. In instances where the HA is uncertain about the reliability of a source, he/she should ask the CONTACT team before sharing the information.

Once the HAs have completed one round of presentations (i.e., they have given all the talks on the list once), they should start again from the beginning. This will help to reinforce ideas and reach persons

who do not attend services regularly. There will be a maximum of 16 talks, which should take 4 months to complete for the first time, allowing two repeat cycles.

Schedule of Talks

Month	Week	Topic
June 2018	1	CONTACT Study and the Role of the Health Advocate
	2	Introduction to NCDs and Risk Factors
	3	Obesity and Overweight
	4	The Importance of Physical Activity
July 2018	1	Food Groups
	2	Meal Planning
	3	Reducing Salt Intake
	4	Reducing Sugar Intake
Aug 2018	1	Reducing Fat Intake
	2	Portion Control
	3	Health and Wellbeing
	4	Managing Stress
Sept 2018	1	Hypertension
	2	Diabetes
	3	Heart Disease
	4	Stroke
Oct 2018 – Jan 2019	Repeat	
Feb 2019 – May 2019	Repeat	

1.3 Resources required

Topic guides, brochures, videos. Rehearsal of presentations. HAs may organize for health professionals to provide the talks instead.

1.4 Resources available

Topic guides, some brochures, a few videos. Additional brochures and videos needed. Some supervised practice done; additional practice needed, especially for new topic guides.

1.5 Monitoring and Evaluation

Process: HAs will record how many talks they gave, and the date, time, venue and attendance for each. Team members/PHC staff will visit to view at some of the talks. HAs can have their talks recorded and shared with the project team.

Component 2 – Support for Lifestyle Change

2.1 Objectives

This component will require the HA to work toward the following:

1. Promote positive changes in behaviours, particularly those relating to dietary and physical activity habits, smoking and alcohol use, and stress, for NCD prevention

2.2 Methods

HAs will work together with the leaders and congregants of their place of worship to introduce and organize group-based activities that provide support for lifestyle change. At a minimum, there should be one recurrent activity targeting each of the following: physical activity levels, diet and stress. They may also target smoking and alcohol use if the PoW leaders identify these as significant factors requiring intervention. *Congregants with existing medical conditions must receive approval from their doctors before participating in physical activity sessions, and should be advised to stop if they experience chest pain or any other severe discomfort.*

Examples of activities to improve physical activity: group exercise sessions, either indoors (e.g., aerobics/videos) or outdoors (e.g., walking, running); yoga classes; dance classes; gardening; sports days (weekly); weight-loss raffle/competition.

Examples of activities to improve diet: cooking classes (formal or informal); basket socials; food pyramid potluck; gardening; healthy cooking competitions

Examples of activities targeting stress: many of the sessions related to physical activity will also aid in reducing stress; support groups (must be led by someone with appropriate expertise, such as the religious leader); weekly meditation or mindfulness sessions.

2.3 Resources required

Will depend on the activities selected. Examples: indoor or outdoor space for exercise; land, materials and equipment for garden; music/videos for exercise, dance or meditation sessions; sports equipment; kitchen space, materials and utensils for cooking classes; prizes for competitions. The HA can seek help from congregation members to manage these activities e.g., if there is already a dance class or teacher at the PoW, the HA only needs to encourage congregants to join and monitor participation.

2.4 Resources available

Depends on activity and PoW. Where possible, NCD-related activities may be built into existing health or social programmes within the PoW. The project can provide technical guidance, reading material, links to relevant agencies (e.g., Food Policy Division). The project may also be able to solicit donations for PoWs (e.g. from Food for the Poor).

2.5 Monitoring and Evaluation

Process: HAs will keep a record of each activity conducted, including date, time, venue, resources used, number of participants, other feedback. Project team/PHC staff will attend some of the activities to observe implementation and attendance. Activities may also be recorded and shared with the team.

Component 3 – Risk Factor Screening and Tracking

3.1 Objectives

This component will require the HA to work toward the following:

1. Provide basic screening for NCD risk factors such as high blood pressure and BMI
2. Inform a health professional of results and/or refer congregants to the health centre as needed, using the PAHO Passport to Healthy Lifestyles

3.2 Methods

HAs can assist congregants to find out whether their blood pressure and BMI are within normal range; and help to monitor these values over time. It is recommended that they establish a fixed time once a month to do this, as a 'health advocate clinic'. A suitable time might be the hour before or the hour after the regular weekly service. The congregation should be made aware in advance that the HA would be available during this time.

All measurements should be done in a private area of the PoW, to protect congregants' confidentiality. Each congregant who 'joins' the 'health advocate clinic' should be given a PAHO 'Passport to Healthy Lifestyles', in which the HA will record the results of all measurements done. Congregants should be advised to keep their PAHO Passport safe, and bring it to every 'clinic' session. The HA should also keep a **confidential** record of the congregants' results in a logbook/patient files, which must be securely stored in a locked drawer or cupboard. After each measurement, the HA should advise the congregant whether he or she needs to take any further action.

Not every congregant will need to repeat the tests every week. A recommended schedule of tests is provided on page 5. The HA should use the schedule to advise the congregant when they need to return for the next test.

Referrals – guidelines & follow-up

In certain situations, congregants will need care from qualified health professional, such as a nurse, doctor or social worker. In such cases, the health advocate should refer the congregant to the appropriate place. These situations are outlined in the referral guide on the page 6. Once the health advocate has made a referral, he/she should ask the congregant to attend the next health advocate 'clinic' (most likely the following month), in order to find out whether the congregant did seek further help. The health advocate should record what the congregant did.

Schedule for HA 'Clinic' Visits

Person	**First Visit Test Results**	**Action and Visit Schedule**
18 years or older Not known to have diabetes or hypertension Not known to have heart attack or stroke	Normal blood pressure Normal BMI No health complaints Normal foot screen	Reinforce importance of healthy diet and exercise. Ask to return in 6 months for another check.
18 years or older Not known to have diabetes or hypertension Not known to have heart attack or stroke	High blood pressure on repeat measurement *and/or* High BMI *and/or* Complaints about stress *and/or* Abnormal foot screen	Advise about healthy diet and exercise; encourage him/her to join group activities targeting NCDs. Ask to return for check-up every month. Refer as necessary.
18 years or older Known to have diabetes, hypertension, heart attack *and/or* stroke	Normal or high blood pressure on repeat measurement. Normal or high BMI. Complaints about stress. Normal or abnormal foot screen in persons with diabetes.	Advise about healthy diet and exercise; encourage him/her to join group activities targeting NCDs. Ask about medication use. Advise about taking medications as prescribed. Ask to return for check-up every month. Refer as necessary.

Referral Guide – When to Refer

Blood Pressure

Refer to health centre in the following situations:

1. Blood pressure readings of more than or equal to 140 for the systolic or 90 for the diastolic on three separate occasions at least 15 minutes apart. This referral is not urgent, so the congregant can wait until the next working day.
2. Refer **urgently** (have the patient go to the health centre immediately) if at any time the systolic pressure is equal to or higher than 180 or the diastolic pressure is equal to or higher than 110.
   NB If the health centre is closed (e.g., on weekends) refer the patient to the nearest hospital: Leonora or West Demerara Hospital.

Body Mass Index

Refer to health centre in the following situations:

1. For BMI greater than or equal to 30. Advise the congregant that further testing is needed, which is the reason for the referral. Further testing includes blood sugar and cholesterol testing.
2. For BMI less than or equal to 16. Advise the congregant that further testing is needed, which is the reason for the referral. Further testing could help to identify any cause of unusual weight loss.

Foot Screen

Refer to health centre in the following situations:

1. The presence of any open wound, rash, infected toenail(s), swelling, redness or increased warmth on any diabetic person's foot
2. The presence of 8 or more positive sites on doing the monofilament test (persons do not feel the monofilament on 8 or more places where you touch them)
3. Absent foot pulses

Stress/Mental Health

Refer to health centre or social worker in the following situations:

1. Family violence concerns. Offer to call the Help and Shelter Hotline while the congregant is with you. If he/she refuses, give him/her the number and urge him/her to make the call as soon as possible.

2. If the congregant shares concerns about being unable to cope with daily life, overwhelming feelings of sadness and/or lack of motivation. Offer to call the Social Worker while the congregant is with you. If he/she refuses, give him/her the number and urge him/her to make the call as soon as possible.

3. Refer **urgently** if the congregant expresses thoughts of suicide. Offer to call the Suicide Hotline while the congregant is with you. If he/she refuses, give him/her the number and urge him/her to make the call as soon as possible.

Social Worker:
Suicide hotline: 223-0001, 223-0009, 623-4444, 600-7896
Domestic violence/Help and Shelter hotline: 225-4731, 227-8353

Other

Refer the congregant to the health centre if he/she seeks help for any condition that you are not authorized to deal with. For example, you cannot provide advice on any treatment or on test results other than blood pressure or BMI. You can only measure blood pressure and BMI and perform foot screens.

For all referrals, fill out the simple form that the Project has given you for the congregant to take. Remember to keep all referrals confidential. You may ask the congregant if they wish to inform a family member, but you must *not* speak to any family member without the congregant's consent.

3.3 Resources required

Private space for 'clinic'. BP apparatus, scale, height rod, BMI chart, BP chart, Passports, logbook. Referral forms.

3.4 Resources available

Space depends on the PoW. The Project will provide BP apparatus, scale, height rod, BMI chart, BP chart, Passports, logbook and referral forms.

3.5 Monitoring and Evaluation

Process: The HA will maintain a log of all measurements done (with results), and provide a monthly summary to the Project/PHC staff. Project/PHC Staff will attend one or more clinics to observe the HA taking measurements and assess whether congregant privacy and confidentiality are being protected. Project/PHC Staff should check whether referred congregants actually visit a health care facility.

Component 4 – Patient Support

4.1 Objectives

This component will require the HA to work toward the following:

1. Advise persons living with diabetes, hypertension, heart attacks and stroke of the importance of maintaining diet, taking medication as ordered, exercising, foot care, keeping medical appointments
2. Provide support to enable adherence to medication and more generally to care management plans (e.g. keeping clinic appointments)
3. Perform basic foot screens in persons with diabetes
4. Inform a health professional of results and/or refer congregants to the health centre as needed, using the PAHO Passport to Healthy Lifestyles

4.2 Methods

The level of support that the HA may need to provide will depend on the circumstances of the individual congregants. For persons who are not ill, the HAs can provide general guidance and motivation and facilitate peer support via group support sessions, where persons can meet to share their experiences and exchange tips for staying healthy. These persons can also benefit from the activities described under the other components, except where their health does not permit (e.g., strenuous activity in persons with heart disease).

For persons with NCDs or risk factors, it is even more important to perform and record measurements regularly as described in Component 3 (also, see schedule). The Passport should be used in these persons as well. Further, persons receiving medications should enter (or ask their doctor to enter) the names and dosages of their medications and their clinic dates in the Passport, so the HA can help to monitor adherence and attendance at clinic. In addition to BP and BMI measurements, persons with diabetes should also have regular foot screening: see schedule above. The procedure for referrals is as described in Component 3.

HAs are not expected to provide care or support for persons who are very ill or bedridden. If the HA does wish to interact with such persons (e.g., via home visits), it is recommended that this be done only as part of a group effort through the usual support mechanisms existing within the PoW.

4.3 Resources required
As for Components 1-3, with additional reading material targeting NCD patients. Monofilaments.

4.4 Resources available
As for Components 1-3. Project will provide monofilaments (source from MoPH).

4.5 Monitoring and Evaluation
As for Components 1-3.

Component 5 – Policy Change
5.1 Objectives
This component will require the HA to work toward the following:
1. With support from the Project Team, persuade the leadership of the PoW to implement at least one lifestyle change as a policy affecting the entire congregation.

5.2 Methods
The Project Team will meet with the leaders and HA(s) of each PoW to discuss the implementation of at least one lifestyle change that will be enforced during PoW activities. For example, the PoW can introduce a ban against carbonated sweet drinks (soda) at religious functions, family fun days, etc, serving only water or fresh fruit juice (unsweetened). The Project Team can assist the leaders and HA(s) to persuade the congregation of the need for the policy by providing promotional materials or talks.

5.3 Resources required
Will depend on policy being instituted.

5.4 Resources available
Depends on policy. Project Team available to provide assistance as needed.
5.5 Monitoring and Evaluation
Process: HA can record/report what change was made and how many times it was successfully implemented. Qualitative interviews can obtain feedback from congregants?

Voluntary Participation by Congregants

Congregants should be strongly encouraged to participate in all health promotion activities and to bring along their family members, *but they must be allowed to decide for themselves. They should not be treated differently from usual if they refuse to join in.* The congregant has the right to stop participating in any or all activities at any time. All congregation members, regardless of age, may participate in health talks and group activities, but *only adults (18 years or older) are permitted to join the HA 'Clinic'. No measurements are to be done in children (<18 years).*

Proposed Timeline for Implementation of Action Plan

Note: this is generic and will be modified to suit the social calendars and existing activities of each PoW.

Calendar Month	Activities				
	Component 1 Health Education	**Component 2 Lifestyle Change**	**Component 3 Screening**	**Component 4 Patient Support**	**Component 5 Policy Change**
June 2018	Weekly health talk	Weekly group session (exercise/dance/sports day/ cooking, etc)	Monthly HA clinic *Monthly report & supervision meeting*	Will be covered by Components 1 -3	Meeting of PoW leaders to discuss which policy to implement
July 2018	Weekly health talk	Weekly group session (exercise/dance/sports day/ cooking, etc) *Formal healthy cooking demonstration (Food Policy Division) – some PoWs*	Monthly HA clinic *Monthly report & supervision meeting*	Will be covered by Components 1 -3	Start implementation
August 2018	Weekly health talk	Weekly group session (exercise/dance/sports day/ cooking, etc) *Formal healthy cooking demonstration (Food Policy Division) – some PoWs*	Monthly HA clinic *Monthly report & supervision meeting*	Will be covered by Components 1 -3	Continue implementation
September 2018	Weekly health talk	Weekly group session (exercise/dance/sports day/ cooking, etc) *Formal healthy cooking demonstration (Food Policy Division) – some PoWs*	Monthly HA clinic *Monthly report & supervision meeting*	Will be covered by Components 1 -3	Continue implementation

Calendar Month	Activities				
	Component 1 Health Education	**Component 2 Lifestyle Change**	**Component 3 Screening**	**Component 4 Patient Support**	**Component 5 Policy Change**
October 2018	Weekly health talk	Weekly group session (exercise/dance/sports day/ cooking, etc)	Monthly HA clinic *Monthly report & supervision meeting*	Will be covered by Components 1 -3	Continue implementation
November 2018	Weekly health talk	Weekly group session (exercise/dance/sports day/ cooking, etc)	Monthly HA clinic *Monthly report & supervision meeting*	Will be covered by Components 1 -3	Continue implementation
December 2018	Weekly health talk	Weekly group session (exercise/dance/sports day/ cooking, etc)	Monthly HA clinic *Monthly report & supervision meeting*	Will be covered by Components 1 -3	Continue implementation
January 2019	Weekly health talk	Weekly group session (exercise/dance/sports day/ cooking, etc) *NCD health fair/outreach – some PoWs*	Monthly HA clinic *Monthly report & supervision meeting*	Will be covered by Components 1 -3	Continue implementation
February 2019	Weekly health talk	Weekly group session (exercise/dance/sports day/ cooking, etc) *NCD health fair/outreach – some PoWs*	Monthly HA clinic *Monthly report & supervision meeting*	Will be covered by Components 1 -3	Continue implementation
March 2019	Weekly health talk	Weekly group session (exercise/dance/sports day/ cooking, etc) *NCD health fair/outreach – some PoWs*	Monthly HA clinic *Monthly report & supervision meeting*	Will be covered by Components 1 -3	Continue implementation
April 2019	Weekly health talk	Weekly group session (exercise/dance/sports day/ cooking, etc)	Monthly HA clinic *Monthly report & supervision meeting*	Will be covered by Components 1 -3	Continue implementation
May 2019	Weekly health talk	Weekly group session (exercise/dance/sports day/ cooking, etc)	Monthly HA clinic *Monthly report & supervision meeting*	Will be covered by Components 1 -3	Continue implementation

APPENDIX 1

Excerpt from Case for Support

HAs will use a combination of individual and group-based methods to deliver these messages tailored to the needs of their congregations. For example, individual sessions could be a bi-weekly drop-in clinic for an hour at the PoW before or after worship. Commonly used evidence-based motivational techniques for behaviour change will be used to encourage goal setting and problem-solving and gradual sustainable behavioural change. Regular events at PoWs such as fairs, activity camps, youth/women's groups, religious sermons, will provide opportunities for a mixture of interactive (e.g. cookery classes, exercise groups) and educational sessions. Illustrated printed material and digital displays in PoWs will reinforce key messages. The aim is to ensure adaptability in delivery to best suit the needs of local congregations (e.g. faith-based messages, cricket or football matches for example), but all HAs in all settings will have the same roles and responsibilities to promote NCD prevention and use evidence-based materials. HAs will keep a record of the nature, delivery and number of activities facilitated, numbers enrolled or attending individual or group sessions, and numbers referred to PHC.

APPENDIX 2: Referral Form

CONTACT STUDY
Congregations Taking Action Against NCDs

Referral Form

Place of Worship: _____ Date:_____

Health Advocate: _____ Tel #:_____

Name of Congregant: _____ DOB:_____

Reason(s) for Referral (tick all that apply)

☐ Systolic blood pressure ≥ 140 mmHg on more than three occasions, at least 15 minutes apart

☐ Diastolic blood pressure ≥ 90 mmHg on more than three occasions, at least 15 minutes apart

☐ Systolic blood pressure ≥ 180 mmHg ☐ Diastolic blood pressure ≥ 110 mmHg

☐ Body mass index > 30 kg/m^2 ☐ Body mass index < 16 kg/m^2

☐ Known diabetes with wound/sore/swelling/redness/infected toenail on foot

☐ Known diabetes with numbness in 8 or more areas on foot

☐ Afraid of or complains of domestic violence

☐ Feels unable to cope with daily life, feels very sad and/or lacks motivation

☐ Is thinking about suicide

Comments

_____

_____

Health Advocate Signature: _____