



# Health Advocate Training Trainer's Manual

Version 3  
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**Ministry of Public Health**  
Guyana



**NYU School of Medicine**

## Table of Contents

Table of Contents .....	1
Agenda – Workshop 1.....	2
Agenda – Workshop 2 .....	3
Introduction .....	4
Goals, Purpose & Objectives .....	6
Target Audience.....	6
Criteria for Selection of HAs.....	6
Roles and Responsibilities.....	7
Structure of the Course .....	8
Training aids .....	8
Module 1: The Health Advocate .....	9
Module 2: Introduction to NCDs and their Risk Factors .....	10
Module 3: Diet and Nutrition .....	11
Module 4: Physical Activity.....	12
Module 5: Screening.....	13
Module 6: Interacting with the Health Centre .....	14
Module 7: Communicating with the Congregation.....	15
Module 8: Behaviour Change.....	16
Module 9: Well-being .....	17
Module 10: Working as a Health Advocate.....	18
APPENDIX – Scenarios.....	19



## Agenda – Workshop 1

Registration will begin at 8:30 hrs each day, except on Day 1, when it will begin at 8:15 hrs.

Time	Module	Facilitator
<b>DAY 1</b>		
8:30 – 10:30	Welcome and Opening Remarks (Minister, PWR, Prof. Harding/Dr Read)	Dr Gobin (Chair)
BREAK		
10:45 – 11:30 11:30 – 12:30	Introductions and Ice-breaker The CONTACT Study: overview	Project Team
LUNCH		
13:30 – 14:30 14:30 – 16:30	Module 1: The Health Advocate (Includes description of HC and CHW role) Module 1: Practical exercises	Project Team
<b>DAY 2</b>		
9:00 – 10:30	Module 2: Introduction to NCDs and their risk factors (Includes definition of normal ranges for blood sugar, pressure, weight/BMI)	Ms Blair/Dr Gordon; Team
BREAK		
10:45 – 12:30	Module 2: Practical exercises	As above
LUNCH		
13:30 – 14:30 14:30 – 16:30	Module 3: Diet and Nutrition Module 3: Practical exercises	As above
<b>DAY 3</b>		
9:00 – 10:30	Module 4: Physical Activity	As above
BREAK		
10:45 – 12:30	Module 4: Practical exercises	As above
LUNCH		
13:30 – 14:30 14:30 – 16:30	Module 5: Screening Part 1 Module 5: Practical exercises 1	As above
<b>DAY 4</b>		
9:00 – 10:30	Module 5: Screening Part 2	As above
BREAK		
10:45 – 12:30	Module 5: Practical exercises 2	As above
LUNCH		
13:30 – 16:30	Module 6: Interacting with the Health Centre (Includes discussion of “homework” – to be completed for Workshop 2) Closing Remarks	Project Team

## Agenda – Workshop 2

Registration will begin at 8:30 hrs each day.

Time	Module	Facilitator
<b>DAY 5</b>		
9:00 – 10:30	Welcome back. Review of Workshop 1.	Project Team
BREAK		
10:45 – 12:30	Written Examination (To identify areas that need strengthening)	Project Team
LUNCH		
13:30 – 14:30 14:30 – 16:30	Module 7: Communicating with Congregation Members Module 7: Practical exercises	Dr Sarah Gordon
<b>DAY 6</b>		
9:00 – 10:30	Module 8: Behaviour Change	Ms Hercules
BREAK		
10:45 – 12:30	Module 8: Practical exercises	As above
LUNCH		
13:30 – 14:30 14:30 – 16:30	Module 9: Well-being Module 9: Practical exercises	Ms Vieira Team
<b>DAY 7</b>		
9:00 – 10:30	Module 10: Working as a Health Advocate	Project Team
BREAK		
10:45 – 12:30	Module 10: Working as a Health Advocate	Project Team
LUNCH		
13:30 – 16:30	Module 10: Working as a Health Advocate	Project Team
<b>DAY 8</b>		
9:00 – 10:30	Evaluation, Revision, Clarifications	Project Team
BREAK		
10:45 – 12:30	Evaluation, Revision, Clarifications	Project Team
LUNCH		
13:30 – 16:30	Feedback, Contracts, Certificates, Other Instructions, Closing Remarks	Project Team

## Introduction

“The lives of far too many people in the world are being blighted and cut short by chronic diseases such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes. This is no longer only happening in high income countries.” \_\_LEE Jong-Wook, Director-General, World Health Organization

Chronic non-communicable diseases account for 60% of all deaths and are major causes of premature illness worldwide. Currently, 4 out of every 5 deaths from chronic disease occur in low and middle-income countries (LMIC), when compared to 1 out of every 5 deaths in high-income countries. In LMIC, people also develop these diseases at younger ages, suffer longer, and die sooner than in high-income countries.

### The CONTACT Study

#### Background

The CONTACT Study is a three-year research project that is a collaboration between the University of Guyana, King’s College London, University of the West Indies, Ministry of Public Health and PAHO, among others. Local supporters include the Dharmic Sabha and CIOG. The project aims to involve places of worship (temples, churches and mosques) in health promotion activities to reduce chronic non-communicable diseases (NCDs). NCDs include diabetes, high blood pressure, obesity, heart disease, stroke and cancer. These diseases are the leading cause of death in many countries, including Guyana, and place a heavy burden on the health care system. The CONTACT Study will investigate whether lay members of congregations can be trained to serve as “health advocates”, who will help to teach community members how to make healthy lifestyle choices in order to prevent chronic diseases.

#### Health Advocates

Health advocates will be chosen from places of worship in Regions 3 and 5, starting with Region 3 first. They will receive special training on how to deliver health talks and advice, perform simple measurements (height, weight, blood pressure), and refer congregation members for professional medical attention as needed. Eighteen health advocates will be chosen by the project leaders, in consultation with religious leaders, during the months of August - November 2017. For someone to be chosen as a health advocate, he/she would be expected to have a certain level of ability in reading, writing, communication/public speaking, and should be someone who is respected within the congregation. An ideal candidate would be a retired health worker or teacher.

#### Health Centres and Places of Worship

Each place of worship will be linked to the closest health centre, to form a ‘cluster’. For example, in Region 3, one cluster will be made up of the Parika Health Centre plus a nearby mosque, a church and a temple. There will be total of 6 clusters in each region. Because this is a research project, it will be necessary to compare results between clusters, so health advocates will only be present in half of the clusters. We will still monitor and collect information from all of the clusters. The health centres and

places of worship to be involved are listed below. Community Health Workers from the health centres will be trained to supervise the health advocates.

### **Criteria for selection of Places of Worship**

To be included in the study, the places of worship need to meet certain criteria. These include:

- (1) Congregation size – ideally, the regular congregation size should be about 50, but it is understood that in some areas this may not be possible
- (2) Acceptance of the project by the congregation and religious leaders
- (3) A small room or area that can be made private for the health advocate to meet with individual congregation members to talk about personal health issues. An office with a filing cabinet or a desk with drawers that can be locked.

### **Baseline Survey**

Before the health advocates can begin their work in each place of worship, it will be necessary to conduct a baseline (starting point) survey among congregation members. Research staff employed by the project will visit each place of worship at a designated time to conduct interviews with congregation members. The interview will ask for simple information on lifestyle (diet, exercise, etc), medical history (existing health conditions) and health knowledge. No names will be recorded and individual information will be anonymous and confidential. Fifty congregation members will need to be present for the survey. If the congregation size is usually smaller than this, we hope the place of worship will help us to organize a special event where extra people will attend. We can provide a health talk and/or simple health checks if this would encourage participation.

### **Follow-up Surveys**

Health advocates will be expected to serve in their place of worship for one year. During this year and at the end, the project will conduct further interviews and other forms of data collection, to assess whether the health advocate is comfortable and effective in his/her role, and whether congregation members are making use of the health advocates' services. Feedback will be provided to the health advocate and congregation at each stage.

## **Goals, Purpose & Objectives**

### **Goal**

After completing this course, participants will be able to provide support to members of the places of worship with which they are associated.

### **Specific Objective**

To train 18 congregation members from 9 places of worship and 3 Community Health Workers (CHW) located in Region 3. The congregation members will serve as health advocates (HAs), while the CHWs will supervise the HAs.

### **Target Audience**

This course is aimed at training congregation members as lay health promoters. Congregation members will be selected from places of worship in communities located in regions 3.

### **Criteria for Selection of HAs**

Demographic Requirements:

1. Should be between the ages of 25-60 years old; older persons may be considered if they meet all other requirements.
2. Must be a regular member of the congregation.
3. Must have a sound secondary education.
4. Each congregation must nominate at least 1 male and 1 female to serve as possible Health Advocates.
5. Proven work experience in the health field will be a definite asset. The ideal candidate would be a recently retired health worker or head-teacher.

Personal Characteristic Requirements:

1. Must be well respected by their fellow congregants.
2. Must be literate and have excellent written and verbal communication skills.
3. Must be able to respect confidential information and maintain patient confidentiality.
4. Must be trustworthy and reliable.
5. Must have good planning and management skills.
6. Must be energetic, and enthusiastic about health promotion
7. Must be available to perform this role on weekends, and able to assist at the local health centre one weekday per week. (The two advocates may take turns to assist at the health centre.)

## Roles and Responsibilities

### **The Trainers**

The trainers will be health professionals with a background in health promotion, and several years of experience in the health sector, including facilitation of community based activities. These health professionals should have knowledge of NCDs and healthy lifestyle practices underlying prevention, and skills in health promotion techniques. Two trainers have been selected from the Ministry of Public Health Food Policy Division because of their expertise in health promotion education (see biographies below). Members of the CONTACT Study Team will also contribute to training.

Add biographies

### **Health Advocates (HAs)**

These are members of places of worship who were selected to function in this position. They will serve as bridges between their POW members and the health centre. They will engage their community to prevent diabetes, hypertension, heart attack and stroke as well as associated complications through education, lifestyle change, self-management and medication compliance and social support.

The role of the HA entails

- Improving NCD literacy of congregation members
- Providing advice and counseling on healthy lifestyle choices
- Provision of social support
- Assisting clients to access care and services
- Practical problem solving

Under the supervision of the health professional at the closest health centre, the HA will:

- ❖ Provide accurate information on NCDs (diabetes, hypertension, cardiovascular disease) and their risk factors to all congregation members
- ❖ Provide basic screening for NCD risk factors such as blood pressure, BMI and waist circumference
- ❖ Promote positive changes in behaviors, particularly those relating to dietary and physical activity habits, smoking and alcohol in all congregation members
- ❖ 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
- ❖ Inform health professional of results and/or refer congregants to health centre as needed
- ❖ Give advice on danger signs and symptoms of hypertension, diabetes, heart attacks and stroke
- ❖ Provide support to enable adherence to medication and more generally to care management plans (e.g. keeping clinic appointments)
- ❖ Give information on health and social services available in the community, regionally and nationally such as National Insurance Scheme (NIS)
- ❖ Keep appropriate records and report to the health centre supervisor and project team



## **Course competencies**

The course includes competencies, which will guide the learning of participants.

## **Structure of the Course**

The course is divided into 10 modules, which will take approximately 48 teaching hours (excluding meals, opening and closing ceremonies etc). The sessions use a variety of teaching methods, including lectures, demonstrations, role plays and plenary sessions (smaller groups) including practical sessions and exercises.

The course uses the 4MAT format.

The course is completed with knowledge assessment using pre/post-tests, course evaluation and teaches back methodologies.

## **The Trainer's Manual**

The *Trainer's Manual* contains what you, the trainer, need in order to lead participants through the course. The Guide contains the information that you require detailed instructions on how to conduct each session, the exercises that participants will do, together with answers, and the summary sheets, forms, checklists and stories used during the practical sessions of the course. This is your most essential tool as a trainer on the course. It is recommended that you use it at all times and add notes to it as you work. These notes will help you in future courses.

## **Session Presentations**

Many sessions will use power points and will utilize videos for impact. Participants will also have to do some work at home.

## **Forms and Checklists**

Loose copies of the forms, checklists and scenarios needed for practical sessions and counselling exercises are provided. These are:

- Data capture forms
- Evaluation forms
- Pre/Post test

## **Training aids**

An LCD Projector, Laptop, flipchart, markers, white board, masking tape and markers for most sessions.

## **Materials**

1. PAHO Passport to Healthy Lifestyle
2. Stadiometer and scale; BMI chart; blood pressure cuff
3. Physical activity guidelines; local dietary guidelines; other IEC materials

## Module 1: The Health Advocate

<b>Focus:</b> To introduce HAs and CHWs to the project, and their roles and responsibilities	
<b>Competency:</b> Explain the importance, functions and limitations of the project, health advocate and health centre, including CHW.	
<b>Learning Objectives</b> By the end of this session, the Health Advocate (HA) should be able to: <ol style="list-style-type: none"> <li>1. Explain the rationale, aims/objectives and basic methods of the project to congregants and other lay community members</li> <li>2. Describe the role and importance of a health advocate, and the position of the HA in relation to the healthcare system in Guyana</li> <li>3. Explain why health advocate activities should be about health, not religion</li> <li>4. Explain the roles of the HC in the PHC-PoW cluster and the CHW as a supervisor of HA activities</li> <li>5. Explain the importance of maintaining a professional relationship with all relevant parties, including PHC staff and congregants</li> <li>6. State limits of his/her knowledge and practice, including activities that are not authorized for HAs</li> <li>7. Describe situations that may require referral of congregants to the HC and the process for such referrals</li> <li>8. Apply the knowledge gained in objectives 1 to 6, as well as organizational skills and time management, to hypothetical scenarios (this objective will be addressed more thoroughly in Workshop 2)</li> </ol> By the end of this session, the CHW should be able to: <ol style="list-style-type: none"> <li>1. Perform 1 to 8 above, but from the perspective of the health centre and CHW</li> </ol> <i>Note: more specific and practical information about working as a health advocate will be covered in the second workshop.</i>	
<b>Time &amp; Material</b>	<b>Instructional Sequence:</b>
<b>Time:</b> 15 mins <b>Materials:</b> Slides, handouts	<b>I. Motivation</b> <ul style="list-style-type: none"> <li>• Introduce session objectives to participants highlighting the relevance of the content to successful practice as a health advocate</li> </ul>
<b>Time:</b> 45 mins <b>Materials:</b> Slides; handouts	<b>II. Information</b> <ul style="list-style-type: none"> <li>- Information on the project and study team</li> <li>- Role of the Health Advocate, including permitted activities and restrictions</li> <li>- Role of the PHC-POW cluster and Health Centre Staff, especially CHW</li> <li>- <a href="https://www.youtube.com/watch?v=BWQK2FFJwxE&amp;feature=youtu.be">https://www.youtube.com/watch?v=BWQK2FFJwxE&amp;feature=youtu.be</a></li> <li>- <a href="https://www.youtube.com/watch?v=8zoRYdBSig0&amp;feature=youtu.be">https://www.youtube.com/watch?v=8zoRYdBSig0&amp;feature=youtu.be</a></li> </ul>
<b>Time:</b> 2 hours <b>Materials:</b> Worksheets	<b>III. Practice</b> <ul style="list-style-type: none"> <li>• Group exercises that require HAs to describe/explain their role, limitations, etc.</li> <li>• Hypothetical scenarios for discussion. (See Appendix)</li> </ul>
<b>Time:</b> N/A <b>Materials:</b> N/A	<b>IV. Application</b> Some application in hypothetical scenarios. Role-playing deferred to the “Working as a Health Advocate” module, which will combine all that was learned. Will include role-playing to demonstrate/assess how HA deals with difficult situations that test the boundaries of his/her knowledge and skills (i.e., when to refer), or threaten the professionalism of a relationship (e.g., how to avoid inappropriate interpersonal contact).

**NOTE:** Teaching component of session should be interspersed with practical exercises, so that no more than 15 - 20 mins is spent on teaching at any one time.

## Module 2: Introduction to NCDs and their Risk Factors

**Competency:** Describe basic characteristics of non-communicable diseases and risk factors, using simple, culturally appropriate language and examples. Propose locally appropriate potential approaches for prevention and control.

### Learning Objectives

By the end of this session, the HA and CHW should be able to:

1. Define “non-communicable disease”, distinguishing it from communicable disease
2. Define the four main categories of NCDs (cardiovascular diseases, cancer, diabetes, chronic respiratory diseases); stating local names, examples, and common complications, where relevant
3. Describe the global and local burden of diabetes and cardiovascular diseases, quoting simple statistics (e.g., number of deaths annually)
4. Relate 3 above to the need for prevention and control, with emphasis on the former in low-income settings
5. State the common and well-established risk factors for NCDs, distinguishing between those that can be changed and those that cannot
6. Relate 5 above to broad prevention strategies, including potential local approaches
7. Define the basic/most common signs and symptoms, tests and values used to diagnose diabetes, hypertension, obesity, heart attack and stroke.
8. Describe the basic strategies and types of support required for correction or control of each condition.
9. Propose activities that health advocates (with assistance from CHWs) may be able to carry out for prevention and control of NCDs within their own PoW

Time & Material	Instructional Sequence:
<b>Time:</b> 5 mins <b>Materials:</b> Slide	<b>I. Motivation</b> <ul style="list-style-type: none"> <li>• Introduce session objectives</li> </ul>
<b>Time:</b> 55 mins  <b>Materials:</b> Slides, handouts, videos	<b>II. Information</b> <ul style="list-style-type: none"> <li>• As required for objectives 1, 2, 3, 5, 7 and 8</li> <li>• Note that diabetes and hypertension are NCDs, but are also risk factors for other NCDs (heart disease, stroke, etc)</li> <li>• Note that diagnostic values should be given for diabetes (fasting blood sugar, HbA1c), obesity (BMI) and hypertension (BP). For heart attack and stroke, give signs and symptoms and just name the most common test for heart attack (EKG/ECG) (may include a very basic description of what ECG testing involves) <ul style="list-style-type: none"> <li>- <a href="https://www.youtube.com/watch?v=RlyzUFCLbac&amp;feature=youtu.be">https://www.youtube.com/watch?v=RlyzUFCLbac&amp;feature=youtu.be</a></li> <li>- <a href="https://www.youtube.com/watch?v=-3PeKrlo_VU&amp;feature=youtu.be">https://www.youtube.com/watch?v=-3PeKrlo_VU&amp;feature=youtu.be</a></li> </ul> </li> </ul>
<b>Time:</b> 90 mins  <b>Materials:</b> Worksheets with prompts for discussion	<b>III. Practice</b> <ul style="list-style-type: none"> <li>• Can work in groups of 3, one HA from each PoW (so 2 groups per cluster)</li> <li>• Use of scenario/role play to demonstrate ability to <u>provide information</u> <ul style="list-style-type: none"> <li>-- about NCD definitions, burden and prevention-related advice to a healthy congregant or group of congregants (each group can be given a different condition)</li> <li>-- about possible next steps to a congregant who has symptoms of one of the chronic diseases</li> </ul> </li> </ul>
<b>Time:</b> 30 mins  <b>Materials:</b> Instructions slide	<b>IV. Application</b> (Turning ideas into action) HAs and CHW for each cluster to work together to identify <u>broad</u> prevention strategies for one condition, for their particular places of worship. Each cluster can be given a different condition.

**NOTE:** Teaching component of session should be interspersed with practical exercises, so that no more than 15 - 20 mins is spent on teaching at any one time.

## Module 3: Diet and Nutrition

**Competency:** Advise persons on how they can adopt culturally appropriate healthy eating behaviours

### Learning Objectives

By the end of this module, HAs and CHWs should be able to:

1. Explain the relevance of diet to prevention and control of NCDs
2. Describe the different food groups (staples, food from animals, fruits, vegetables, fats and oils, legumes and nuts), giving relevant examples of locally available foods
3. Advise on the recommended daily intake amounts for each food group, using locally relevant guidelines such as the “healthy food plate”
4. Advise on recommended salt, sugar & fat intake and how to choose healthier food options with less salt, sugar and fat
5. Explain the importance of drinking clean water and the recommended daily amounts.
6. Suggest healthy flavored drink alternatives to water if necessary e.g. coconut water, 100% fruit juices, fruit flavored water
7. Advise on healthier methods of meal preparation (e.g., baking instead of frying) and how to make healthier foods more appetizing (e.g., spices and herbs in place of salt and oil)
8. Provide general tips on healthy eating habits including regularity of meals, healthy snacking and eating out.
9. Use the diet-related features of the PAHO Passport to Healthy Lifestyles
10. Propose strategies for promotion of healthier diets, including fruit and vegetable consumption and use of whole-grains

Time & Material	Instructional Sequence:
<b>Time:</b> 5 mins <b>Materials:</b> Slide	<b>I. Motivation</b> <ul style="list-style-type: none"> <li>• Introduce session objectives</li> </ul>
<b>Time:</b> 60 mins  <b>Materials:</b> Slides; handout with local guidelines; healthy food plate – life-size pictures; multimix brochure; PAHO Passport; health talk video	<b>II. Information</b> <ul style="list-style-type: none"> <li>- Recall why diet is a risk factor for obesity and NCDs</li> <li>- The Caribbean six food groups and recommended intakes; including the healthy food plate</li> <li>- Differences between food, food groups and nutrients</li> <li>- Sugar, salt and fat: recommended intakes, dietary sources, alternatives</li> <li>- The three multi-mixes</li> <li>- How to use the Caribbean six food groups/food modules to combine multi-mixes</li> <li>- Healthier methods of meal preparation including tips, how, and why</li> <li>- Introduction to the PAHO Chronic Care passport</li> <li>- Detailed explanation of how to use the diet-related section of the Passport to keep track of what congregants are eating</li> </ul>
<b>Time:</b> 75 mins <b>Materials:</b> Worksheets	<b>III. Practice</b> <ul style="list-style-type: none"> <li>• Group work: prepare a healthy menu, based on one of the three multi-mixes, for: a healthy congregant, a patient with diabetes, and one with hypertension (one per group)</li> <li>• Role play on how HA will advise congregation member using the diet section of the healthy passport</li> </ul>
<b>Time:</b> 45 mins <b>Materials:</b> Slide with instructions	<b>IV. Application</b> (Turning ideas into action) <ul style="list-style-type: none"> <li>• Propose strategies for promoting healthy food choices within each PoW (group work as for Module 2)</li> </ul>

**NOTE:** Teaching component of session should be interspersed with practical exercises, so that no more than 15 - 20 mins is spent on teaching at any one time.

## Module 4: Physical Activity

**Competency:** Advise persons on possible approaches to increasing and/or maintaining physical activity levels. If appropriate, coordinate group exercise or games sessions in respective PoW.

### Learning Objectives

By the end of this module, HAs and CHWs should be able to

1. Explain the importance and benefits of physical activity, in general and in relation to NCD prevention and control
2. Advise on recommended levels of physical activity, using age- and sex-appropriate guidelines as relevant
3. Describe how to exercise safely, especially in older persons or those with chronic illness
4. Demonstrate simple exercises, such as those described in the PAHO Passport and the 10-minute recess video
5. Propose strategies for reducing sedentary behavior at home, at work and in other settings, including how to incorporate physical activity into everyday routine (walking instead of taking the bus, etc)
6. Obtain information from congregants about their physical activity levels, so as to...
7. ...identify priority targets for active lifestyle education, i.e., congregants with very sedentary lifestyles
8. Identify continual motivation techniques that can help congregation members keep up their increased physical activity regimen.

Time & Material	Instructional Sequence:
<b>Time:</b> 5 mins <b>Materials:</b> Slide	<b>I. Motivation</b> <ul style="list-style-type: none"> <li>• Introduce session objectives</li> </ul>
<b>Time:</b> 90 mins  <b>Materials:</b> Guideline documents, PAHO Passport, 10-minute recess video	<b>II. Information</b> <ul style="list-style-type: none"> <li>- Definitions and differences between physical activity, exercise and fitness</li> <li>- Different types of physical activity, their benefits and barriers; levels of activity.</li> <li>- Role PA plays in the prevention and control of diabetes and other NCDs</li> <li>- Role PA plays in maintaining healthy weight and overall wellbeing (relevance to depression, anxiety and self-esteem)</li> <li>- PA options for persons with physical limitations or NCDs</li> <li>- Exercising safely: everyone (e.g., hydration, stretching), older persons (e.g., avoiding joint and bone damage), persons with diabetes (avoiding hypoglycaemia); people with heart disease (seeking doctor's guidance on appropriate level and amount)</li> <li>- Physical activity section of Chronic Care passport</li> <li>- Role of unstructured activities such regular activities that increase heart rate (swimming, dancing, gardening, housework)</li> <li>- "10-minute recess" video and how it can be used</li> <li>- Introduction to walkathome.com</li> <li>- Motivation strategies</li> </ul>
<b>Time:</b> 60 mins <b>Materials:</b> Passport	<b>III. Practice</b> <ul style="list-style-type: none"> <li>• Ask participants to select a physical activity routine from the Passport and demonstrate how they would advise someone to do it</li> </ul>
<b>Time:</b> 30 mins <b>Materials:</b> Slide with instructions	<b>IV. Application</b> (Turning ideas into action) <ul style="list-style-type: none"> <li>• Propose strategies for promoting physical activity within each PoW (group work as for Module 2)</li> </ul>

**NOTE:** Teaching component of session should be interspersed with practical exercises or Q&A, so that no more than 15 - 20 mins is spent on teaching at any one time.

## Module 5: Screening

**Competency:** Conduct simple screening tests for NCD risk factors and diabetes, including measurement of blood pressure, weight and height.

### Learning Objectives

By the end of this module, HAs should be able to:

1. Recall the relevance of blood pressure and overweight/obesity to NCD prevention and control, explaining the importance of screening
2. Recall the normal ranges and definitions (cut-off points) for categories of hypertension and overweight/obesity
3. Use blood pressure measurements to categorize congregants' pressure as normal or high
4. Use weight and height measurements to calculate/derive body-mass-index and categorize congregants
5. Convert between different units for weight and height using conversion tables.
6. Describe how the Passport can be used to monitor congregants' blood pressure, BMI and other health checks and advise on the recommended schedule for diabetes and hypertension monitoring
7. Demonstrate correct use of stadiometer, scale and blood pressure cuff (automatic), and record measurements accurately in the Passport
8. Identify situations when participants will require referral to the health centre

Time & Material	Instructional Sequence:
<b>Time:</b> 5 mins <b>Materials:</b> Slide	<b>I. Motivation</b> <ul style="list-style-type: none"> <li>• Introduce session objectives</li> </ul>
<b>Time:</b> 45 minutes  <b>Materials:</b> Slides, handouts, videos; stadiometers, scales, BP cuffs	<b>II. Information</b> <ul style="list-style-type: none"> <li>- Relevance of blood pressure and body mass index to NCD prevention and control</li> <li>- Definition and types of screening</li> <li>- Review of definitions for blood pressure categories and hypertension, and for body mass index and categories</li> <li>- Demonstration of how to use equipment (CHWs expected to already be familiar with this, and may be able to do the demonstration)</li> <li>- How to use the PAHO Healthy Passport to record measurements and monitor congregants</li> <li>- Situations requiring referral (high levels of blood pressure in anyone, regardless of history)</li> </ul>
<b>Time:</b> 90 mins <b>Materials:</b> Measurement equipment	<b>III. Practice</b> <ul style="list-style-type: none"> <li>• Divide participants into groups of three and ask participants to complete BMI and BP screenings for each other (acknowledge gender preferences)</li> <li>• Have participants record each other's measurements in the Passport</li> </ul>
<b>Time:</b> 45 mins <b>Materials:</b> Slide with instructions; equipment, Passport, other forms	<b>IV. Application</b> (Turning ideas into action) <ul style="list-style-type: none"> <li>• Role-playing/scenario on how to deal with someone with very high blood pressure</li> <li>• Fill out forms associated with completion of screenings including: records for research, referral forms, Passport</li> </ul>

## Module 6: Interacting with the Health Centre

**Competency:** Relate the basic functions and NCD services of the local health centre to the activities of the HA.

### Learning Objectives

By the end of this module, the HA should be able to

1. Describe the general and NCD-related functions of health centres, as a component of Guyana's health care system
2. Recall the role of health centre in project and HA activities
3. Demonstrate how to engage with clinic staff
4. Describe the NCD-related services provided at his/her respective health centre
5. Explain the procedures related to NCD clinic days at his/her respective health centre
6. Work with the CHW and other health centre staff to identify possible functions the HA can perform as a volunteer at the health centre on NCD clinic days

**Note:** Objectives 3 to 6 will be achieved as a "homework assignment" between Workshops 1 and 2

Time & Material	Instructional Sequence:
<b>Time:</b> 20 minutes  <b>Materials:</b> Slides	<b>I. Motivation</b> <ul style="list-style-type: none"> <li>• Introduce session objectives</li> <li>• Explain the relevance of this session and follow-up homework to the training and HA functions</li> </ul>
<b>Time:</b> 60 mins <b>Materials:</b> Slides, handouts	<b>II. Information</b> <ul style="list-style-type: none"> <li>- The Health Centre</li> <li>- Functions of the Health Centre; emphasize functions that are relevant to NCD prevention and control</li> <li>- Aspects of HA relationship with health centre and interaction with clinic staff, especially CHW (review PHC-POW cluster information)</li> <li>- Supervisory role of CHW; expectations for both HA and CHW</li> </ul>
<b>Time:</b> 60 mins  <b>Materials:</b> Worksheets	<b>III. Practice</b> Group work discussing HC functions and HA-HC relationship.
<b>Time:</b> 1 month – 6 weeks  <b>Materials:</b> Workbook	<b>IV. Application</b> (Turning ideas into action) "Homework" Assignment: Before the start of workshop 2, HAs will be required to visit their respective HCs at least twice on NCD clinic days, to complete the workbook provided, which specifies tasks to be completed and signed off by the nurse in charge. Workbooks and HA (and CHW) experiences will be reviewed and discussed during workshop 2.

## Agenda – Workshop 2

Registration will begin at 8:30 hrs each day.

Time	Module	Facilitator
DAY 5		
8:30 – 10:30	Welcome back. Review of Workshop 1.	Project Team
BREAK		
10:45 – 12:30	Written Examination (To identify areas that need strengthening)	Project Team
LUNCH		
13:30 – 15:30	Module 5: Screening	Project Team
15:30 – 16:30	Module 6: Working with the health centre: discussion	Project Team
DAY 6		
8:30 – 10:30	Module 7: Communicating with Congregation Members	Ms Dawn Primo
BREAK		
10:45 – 12:30	Module 7: Practical exercises	Ms Dawn Primo
LUNCH		
13:30 – 14:30	Module 8: Well-being	Ms Caitlin Vieira
14:30 – 16:30	Module 8: Practical exercises	
DAY 7		
8:30 – 10:30	Module 9: Behaviour Change	Ms Angela Hercules
BREAK		
10:45 – 12:30	Module 9: Practical exercises	Ms Angela Hercules
LUNCH		
13:30 – 16:30	Module 10: Working as a Health Advocate	Project Team
DAY 8		
8:30 – 10:30	Module 10: Working as a Health Advocate	Project Team
BREAK		
10:45 – 12:30	Module 10: Working as a Health Advocate	Project Team
LUNCH		
13:30 – 16:30	Clarifications, Instructions, Closing Remarks	Project Team

## Module 7: Communicating with the Congregation

**Competency:** Communicate basic information to an individual or group in a culturally appropriate manner

**Learning Objectives:**

By the end of this module, the HA should be able to:

1. Use good communication skills in performing his/her duties as a HA
2. Use active listening while communicating with congregants
3. Identify at least 5 forms of positive non-verbal communication.
4. Identify major barriers to good communication, and strategies to overcome them.
5. Demonstrate an understanding of the basic principles of patient confidentiality and why it is important.



6. Ensure the patient's right to confidentiality is upheld. 7. Identify the rare situations in which confidentiality may need to be broken to protect the patient or others. 8. Provide culturally appropriate communication and delivery of materials, considering the faith context.	
	<b>Instructional Sequence:</b>
<b>Time:</b> 5 mins  <b>Materials:</b> Slides	<b>I. Motivation</b> <ul style="list-style-type: none"> <li>• Introduce session objectives</li> </ul>
<b>Time:</b> 55 mins  <b>Materials:</b> Slides/handouts/videos	<b>II. Information</b> <ul style="list-style-type: none"> <li>- The importance of effective communication is accurately stated</li> <li>- Strategies for communicating with individuals and with groups are described</li> <li>- Barriers to communication are identified and addressed</li> <li>- Effective listening skills are applied while interacting with clients</li> <li>- Methods of non-verbal communication are identified and used where appropriate</li> <li>- Appropriate equipment and materials such as brochures or charts or videos that can aid communication are demonstrated</li> </ul>
<b>Time:</b> 45 mins  <b>Materials:</b> Scenario descriptions for group discussions	<b>III. Practice</b> <ul style="list-style-type: none"> <li>• Scenarios for discussion</li> </ul>
<b>Time:</b> 75 mins  <b>Materials:</b> Roleplay instructions	<b>IV. Application</b> (Turning ideas into action) <ul style="list-style-type: none"> <li>• Roleplay highlighting ability to communicate with members of congregation</li> </ul>

**NOTE:** Teaching component of session should be interspersed with practical exercises or Q&A, so that no more than 15 - 20 mins is spent on teaching at any one time.

## Module 8: Behaviour Change (Motivation)

**Competency:** Identify strategies for motivating individuals and groups to adopt healthy lifestyles.

### **Learning Objectives:**

By the end of this module, the HA should be able to:

1. Explain why education does not guarantee change in behaviour.
2. Recognise that motivational techniques should build on the strengths of individuals and congregations and the relationships within congregations
3. Propose strategies for motivating individuals and large groups of people (i.e., congregations) to change their NCD-related behaviours

4. Demonstrate motivational interviewing techniques, including approaches to build self-efficacy of congregant(s) 5. Demonstrate the skills of group support for persons with and without NCDs who want/need to improve their lifestyles 6. Demonstrate the ability to remain patient and positive even when congregants do not change their behaviours	
<b>Time &amp; Material</b>	<b>Instructional Sequence:</b>
<b>Time:</b> 5 mins  <b>Materials:</b> Slides	<b>I. Motivation</b> <ul style="list-style-type: none"> <li>• Introduce session objectives</li> </ul>
<b>Time:</b> 55 mins  <b>Materials:</b> Slides; handouts	<b>II. Information</b> <ul style="list-style-type: none"> <li>- As required for specific objectives</li> <li>- List of activities that HAs can do to aid congregation members in accessing information on selected NCDS, risk factors, prevention</li> <li>- Description of common problems that impact persons' ability to change their behaviours (draw out via discussion, rather than just presenting HAs with information)</li> <li>- Description of simple strategies that can be used to overcome common problems (draw out via discussion, rather than just presenting HAs with information)</li> <li>- Emphasis on motivation at group level</li> </ul> <i>(Useful information for facilitator: <a href="https://pathways.nice.org.uk/pathways/behaviour-change#content=view-node%3Anodes-principles-for-selecting-interventions-and-programmes-aimed-at-communities">https://pathways.nice.org.uk/pathways/behaviour-change#content=view-node%3Anodes-principles-for-selecting-interventions-and-programmes-aimed-at-communities</a>)</i>
<b>Time:</b> 45 mins  <b>Materials:</b> Scenario descriptions for group discussions	<b>III. Practice</b> <ul style="list-style-type: none"> <li>• Discussion of scenarios, with HAs identifying/proposing strategies for overcoming specific obstacles to behaviour change</li> </ul>
<b>Time:</b> 75 mins  <b>Materials:</b> Roleplay instructions	<b>IV. Application</b> (Turning ideas into action) <ul style="list-style-type: none"> <li>• Roleplay</li> </ul>

**NOTE:** Teaching component of session should be interspersed with practical exercises or Q&A, so that no more than 15 - 20 mins is spent on teaching at any one time.

## Module 9: Well-being

**Competency:** Promote their own as well as their congregation's well-being.

**Learning Objectives:**

By the end of this module, the HA should be able to:

1. Explain the importance of well-being generally, and in relation to prevention and control of non-communicable diseases
2. Recognize common signs of challenges to well-being
3. Identify strategies to support well-being at the individual and group level (more emphasis on the latter)
4. Demonstrate activities to support well-being

<b>Time &amp; Material</b>	<b>Instructional Sequence:</b>
<b>Time:</b> 5 mins  <b>Materials:</b> Slides/handouts	<b>I. Motivation</b> <ul style="list-style-type: none"> <li>• Introduce session objectives</li> </ul>
<b>Time:</b> 55 mins  <b>Materials:</b> Slides/handouts/group activities	<b>II. Information</b> <ul style="list-style-type: none"> <li>- Identify common signs of specific wellbeing challenges such a stress, depression and anxiety</li> <li>- Demonstrate awareness of how these challenges impact the client's self-management of the condition</li> <li>- Describe/explain the activities that can be done to aid congregation members in improving wellbeing such as breathing exercises, stretches</li> </ul>
<b>Time:</b> 45 mins  <b>Materials:</b> Scenario instructions	<b>III. Practice</b> <ul style="list-style-type: none"> <li>• Participants able to design wellbeing interventions based on scenarios highlighting challenges</li> </ul>
<b>Time:</b> 75 mins  <b>Materials:</b> Roleplay instructions	<b>IV. Application</b> (Turning ideas into action) <ul style="list-style-type: none"> <li>• Role play to demonstrate promotion of well being</li> </ul>

**NOTE:** Teaching component of session should be interspersed with practical exercises or Q&A, so that no more than 15 - 20 mins is spent on teaching at any one time.

<b>Module 10: Working as a Health Advocate</b>
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<b>Competency:</b>
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<b>Learning Objective:</b>
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By the end of this module, the health advocate should be able to:

- Recall the roles and limitations of health advocates in the congregation and health centre
- Demonstrate the basic health promotion and screening skills expected of health advocates
- Propose strategies to prevent and control NCDs and risk factors within their congregations
- Demonstrate professionalism and respect in interactions with each other, congregants and the community in general
- Adhere to the Health Advocate Code of Conduct
- Use the PAHO Passport to Health Lifestyle to record health information for congregants
- Describe the process for reporting to the Study and Health Centre
- Provide information on resources available for patient support, such as National Insurance Scheme, social services

Time & Material	Instructional Sequence:
Time:	<b>I. Motivation</b> <ul style="list-style-type: none"><li>• Introduce session objectives</li></ul>
Materials:	
Time:	<b>II. Information</b> <ul style="list-style-type: none"><li>- The Health Centre</li><li>- Functions of the Health Centre</li></ul>
Materials:	
Time:	<b>III. Practice</b> <ul style="list-style-type: none"><li>- Identify the clinic day designated for NCDs at the clinic that HA is assigned to</li><li>- Identify the functions of the nurses on NCD clinic days</li><li>- Identify the functions of the doctors on NCD clinic days</li><li>- Participate in sections of the procedures on the clinic days – collection of charts, completing BP, completing BMI, sitting in with doctor while they see patient</li><li>- Highlight role as a health advocate within the framework</li></ul>
Materials:	
Time:	<b>IV. Application</b> (Turning ideas into action) <ul style="list-style-type: none"><li>- write a report and present on the activities conducted during visit to the health Centre</li></ul>
Materials:	
	To be done with community health worker

## APPENDIX -- Scenarios

*prepared by Dr. Sharlene Goberdhan*

### Module 1

## Module 2 – NCDs and Risk Factors

### Exercise 1: Identification of risk factors (10 minutes)

- In groups of three, have participants analyse each case, list all risk factors, and identify the ones that can be changed

#### Case 1

Allan is a diabetic 50 year old man whose father recently had a stroke. He does not smoke but he drinks 8-10 beers every Saturday and Sunday. He has a very stressful job and spends most of his time at work by his desk. He has a large beer belly so he tries to walk once or twice a week for 30 minutes. He eats fruits every day to try and compensate for the Chinese fried-rice he eats every other day. What cardiovascular risk factors does Allan have?

#### Case 2

Molly is a 45 year old woman whose twin sister was recently diagnosed with type 2 diabetes. The only time Molly has ever been concerned for her health was during her last pregnancy when she was diagnosed with gestational diabetes. After she gave birth her blood sugar went back to normal and she's fine now. She recently started exercising 5 days a week for 30 minutes because her BMI is 26. Molly is a great cook; every weekend she makes her specialty fried chicken and cheesy baked macaroni. What diabetes risk factors does Molly have?

### Exercise 2: Role play activity highlighting participant's ability to provide relevant information on NCDs (20 minutes)

- Divide the participants into groups of three
- For each scenario below have the participants take turns playing the role of the HA, the congregant, and the observer
- The HA gives advice to the congregant, while the observer looks on
- Have the observer give constructive feedback to the HA

#### Scenario 1

A young person with a family history of heart disease comes to you for general health advice. Their father recently died as a result of a heart attack so they're scared of getting sick. Provide that person with the necessary prevention-related information.

#### Scenario 2

A middle-aged man goes to visit the HA and tells him about how fatigued he's been feeling lately. He explains that over the past month he has been waking up several times in the night to urinate and he's also thirsty all the time. As the HA in this situation what information/advice would you give to this man?

#### Scenario 3

A woman was diagnosed with hypertension one year ago. She's been trying to stay healthy but her blood pressure is difficult to control. She comes to you seeking advice on where she can get help and support.

#### Scenario 4

Mr. Jones comes to you with a history of diabetes. He wants to know more about the long term complications of diabetes and what he can do to prevent them.

### **Module 3 – Diet and Nutrition**

*Exercise 5* – Role play activity demonstrating participant’s ability to utilize the chronic care passport to give advice and prepare menus based on one of the three multi-mixes for persons with different needs. (40 minutes)

- Divide participants into groups of three
- For each scenario below have the participants take turns playing the role of the HA
- Have the other members in the group playing the roles of the congregant, family member/observer
- Give constructive feedback after each role play

#### Scenario 1

A congregant comes to see you about their weight loss journey. This person has no illnesses but would just like to eat healthier and lose some weight in the process. Use the diet section of the chronic care passport to advise this person on healthy eating and show them how to prepare a menu based on one of the three multi-mixes.

#### Scenario 2

A person recently diagnosed with hypertension comes to you for advice on maintaining a hypertensive diet. Provide the relevant information and show them how to prepare a menu based on one of the three multi-mixes.

#### Scenario 3

A healthy middle-aged man brings his ill father to see you. The elderly man has a history of cardiovascular disease. Offer diet and nutrition advice to both son and father and use the diet section of the chronic care passport to show them how to prepare a menu based on one of the three multi-mixes.

#### Scenario 4

A middle-aged woman comes to see you along with her husband and 2 kids. She is the only one in the family with an illness. She was diagnosed with diabetes one year ago and has been unable to control her blood sugar. It’s difficult for her to eat properly because her children don’t like her type of diet and she doesn’t have the time to prepare separate meals for herself. Counsel this family on meal preparation techniques and the diabetic diet. Show them how to prepare an appropriate meal based on one of the three multi-mixes.

### **Module 4 – Physical Activity**

*Exercise 1:* Role play where participants demonstrate their ability to give advice on physical activity (15 minutes)

- In their groups of three, have each participant select a physical activity routine from the chronic care passport and advise their group members on how to do it
- Have the other members give feedback afterwards

## **Module 5 – Screening**

*Exercise X – Practicing Measurement taking (15 minutes)*

- Divide participants into groups of three based on gender
- Ask each participant to complete the following measurements
  - Blood Pressure
  - Waist circumference
  - Height
  - Weight
  - Calculation of BMI

## **Modules 7 - 10**

*Exercise 1: Role play activity where participants demonstrate the competencies learned (60 minutes)*

- Place participants into three groups (based on POW?)
- Randomly assign a disease to each group (diabetes, hypertension, cardiovascular disease)
- Have each group design a health promotional activity based on their assigned disease
- Have each group present their health promotional activity to a congregation (played by medical students)
  - They must tell the congregation about the activity they have designed
  - They must give the congregation basic information on their focus disease, particularly methods of prevention
  - They must effectively communicate with the congregation and answer any questions they may have.

## **Modules 7 - 10**

*Exercise 2: Role play activity highlighting participant's ability to employ good communication skills while explaining their role and offering assistance to congregants. (15 minutes)*

- Divide participants into groups of three
- Have one person play the role of the congregant

The congregant is a new member of the congregation who is having their first individual session with the HA. They heard that the HA received medical training and would be able to treat them for a minor illness (flu, headache, etc.).

- Have one person play the role of the HA

The HA is meeting a new congregation member for the first time. This person has some incorrect perceptions about the role of the HA. The HA must introduce himself/herself to the congregant, describe their role as a HA and clear up any misconceptions, listen to the complaints/concerns of the congregant and effectively explain the ways in which they can help.

- Have one person be the observer

With the aid of a feedback checksheet this person will observe the interaction between the HA and congregant and provide constructive feedback to the HA.

- Have participants take turns playing each role
- Feedback Checksheet

Criterion	Good	Could be Improved	Comments
<b>1. Introduction</b> Greetings Polite and welcoming Ensure comfort of congregant Explain role of HA Emphasis on limits of the position Inviting questions			
<b>2. Communication Skills</b> Speaking clearly Actively listening Allowing congregant to speak Using and responding to non-verbal communication			
<b>3. Attitudes and Behaviour</b> Showing respect Concern/feedback Being neutral Emphasizing confidentiality			
<b>4. Other (State)</b>			

### Exercise 3: Ethics and Confidentiality (15 minutes)

Give each group of three a scenario to analyse. After 5 minutes ask each group to read aloud their scenario and answers to the related questions.

#### Scenario 1

David is a HA for his POW. During a private counseling session, Loretta, a young woman from the congregation, explained to David that she has a blood disorder which is passed down in her family. The disorder has even claimed the life of a family member. A few weeks later David is having a discussion with some of his friends about illnesses that run in the family. He remembers Loretta's story and decides to use that as an example. David tells his friends about Loretta's illness and how it has affected her family. He feels good about sharing Loretta's story because he has educated his friends about the illness.

- Do you agree with what David did? Why/why not? Is there anything you would have done differently?

#### Scenario 2

Bibi returns home after a hectic day at her POW. She saw quite a few persons from the congregation today, and even wrote down some information on a piece of paper. When she got home she emptied the contents of her purse on a table, including the paper with the congregants' names and information. Later that night Bibi notices her sister reading the paper that was left on the table so she tells her that the paper contains private information and she's not allowed to read it.



- Was confidentiality broken in this scenario? Do you think Bibi could have avoided this situation? How?

### Scenario 3

Basmatee has been sick for a number of weeks and has not been able to go to her POW. One day she receives a phone call from a concerned congregation member, Linda. Linda wants to know if Basmatee is okay. She admits to making the phone call because the HA at their POW informed her that Basmatee wasn't coming to service because she is sick. While Basmatee knows that Linda is only trying to be a caring friend, she can't help but feel betrayed by the HA since she didn't want anyone knowing about her illness.

- Do you think Basmatee is justified in feeling betrayed? How would you handle this situation if you were the HA being approached by Linda, the concerned friend?

### Scenario 4

Rajendra is happy to be a HA for his POW. He has even worked at a hospital for several years as a clerk. One day an elderly woman asks Rajendra's advice on a recurring health issue of hers. He remembers the treatment plan that doctors would put patients on for that particular problem so he advises the woman to try the same thing.

- Do you agree with Rajendra's actions? Why/why not? What advice would you have given the elderly woman?

### Scenario 5

Uncle Wasim is a well-respected member and HA in his POW. He is enthusiastic about his work and goes out of his way to help the members of his congregation. When Dennis tells Wasim that he has been diagnosed with a serious heart condition, Wasim's first instinct is to help in whatever way he can. Dennis also revealed that things are especially hard on him since he and his son are no longer speaking to each other. In an effort to help the situation, Wasim tells Dennis's son about his heart condition. He hopes that hearing this news would cause the young man to settle the problems between him and his father.

- Do you agree with Wasim's actions? Did he overstep his boundaries? Why/why not?

### Scenario 6

Jessica is a HA in her POW. She tries her best to help her fellow congregation members in whatever way she can. She and her friend Grace recently had a dispute and are no longer getting along. Jessica is now upset with Grace so she decides to exclude Grace and her family from any health promotional activities that she plans for the congregation. Jessica believes this is the right thing to do in order to avoid further conflict with Grace.

- Do you agree with Jessica's decision? Is this the best way to handle this situation as a HA?