Sinclair Community College Division of Allied Health Technologies

Health Promotion for Community Health Workers – Cardiovascular disease, stroke, and cancer

Class #1 Introduction to course and Basic Concepts of Health Promotion / Disease Prevention
(date)

Course Objectives:
Identify health promotion and disease prevention behavioral strategies as a part of primary health care.
Show people how to take greater control over their health.

Class/Learning Objectives: By the end of the class, students will be able to:
1. Explain how the chronic diseases diabetes, heart disease, stroke, and cancer contribute to the burden of disease in the United States.
2. Identify the importance of behavior choices in contributing to health
3. Explain how people make decisions about choosing health behaviors
4. Identify the stages of change

Participants:
Instructor(s)
Students

Materials/Resources Needed:
Flipchart, markers, tape, blackboard, chalk and eraser
LCD projector for PowerPoint, screen, laptop (optional)

Handouts:
Syllabus
Handout 1-1: Heart Disease, Diabetes, and Cancer Statistics
Handout 1-2: Stages of Change
Handout 1-3: Health Belief Model
Handout 1-4: Health Belief Model Worksheet

Class Outline
I. Introduction to class and syllabus review
II. Lesson
   A. Overview of chronic disease statistics
   B. Looking at behavior change strategies
   C. Stages of change
   D. Health belief model
III. Summary
Plan for the Class:

I. Introduction to class and syllabus review
This class is intended to give you an overview of some chronic diseases that cause a large part of the sickness and deaths experienced by people in the United States. The diseases we will be discussing in the course of this class are heart disease, stroke, and cancer. Also in this class we will learn about screening procedures that can help to identify some diseases early so that they can be treated more easily, and healthy behaviors that can reduce the risk of getting these diseases or help to control or prevent complications. We will talk about specific ways that someone working in the community as a community health worker can help community members to make positive behavior choices that will help prevent disease and improve people’s health.

Handout: Syllabus
Distribute the syllabus if students have not already received a copy. Go over syllabus with class, outlining topics to be covered and expectations for class attendance, participation, and assessment.

II. Lesson
A. What is the current picture of chronic disease and leading causes of death?
Using the PowerPoint/handouts, the following points should be covered:

- Handout 1-1 Heart disease, diabetes, and cancer statistics
  - Leading US causes of death
  - Comparison of Ohio and US rates for stroke, cardiovascular disease, and cancer
  - Heart disease rates in Ohio
  - Obesity and overweight trends
  - Rates of diabetes
  - Risk factors contributing to disease (smoking, nutritional practices)
  - Healthy People 2010 and the leading health indicators

Activity:
Ask students as a group to name as many risk factors as they can that increase the risk of getting heart disease, stroke, cancer, or other chronic disease. Record these risk factors on a flipchart. Risk factors may include:

- Smoking
- Overweight
- Eating too much fatty food
- Not eating enough fruits and vegetables
- Not getting enough exercise
- Family history of disease
- High blood pressure
- Diabetes
On another sheet of newsprint, write the heading “Modifiable by Behavior” and ask the students to identify from the list of risk factors, those that can be modified by changing behavior. On a third sheet of newsprint, write the heading “Modifiable by Medication” and ask students to identify risk factors that can be modified by taking medication (note: some factors may appear on more than one list, i.e., high cholesterol). Finally, discuss with students the risk factors that are not modifiable (i.e., age and gender). Point out that most risk factors can be changed through behavior change and/or taking medication as ordered.

B. Looking at behavior change strategies
Activity: Have students divide into pairs and work with each other on developing a plan to change behavior related to a specific risk factor for disease. Invite students to use a real risk factor from their lives, or provide them examples. Students should discuss methods they can use to change, obstacles they may run into, and resources they can use to help them. While students are working, faculty may move around the room and intervene if students don’t make progress. At the end of about 10 minutes, ask each pair to report to the larger group. The class may make additions and suggestions to the plans.

C. Stages of change
One very important theory behind changing people’s health behaviors is the Stages of Change model. When changing their behavior, people move through these stages. The stage they are at in any given moment can help health care workers know how they can best support them in their efforts to change, helping to focus outreach messages.

Distribute Handout 1-2: Stages of Change

Stage 1: Pre-contemplation.
Someone in this stage has not recognized any need for behavior change, and is not thinking of making changes. At this stage, a community health worker can help by providing basic information about the person’s risks, and the health benefits of a course of action (i.e., quitting smoking, eating more fruits and vegetables, getting a mammogram, etc.).

Stage 2: Contemplation.
A person in the contemplation stage of change is thinking about making a change in the near future. They may be aware of their risk for developing a disease and know what actions they need to take, but are not ready to start taking the action yet. A community health worker should emphasize and reinforce the benefits of making a healthy change in behavior, and encourage the person to make definite plans to change their behavior.

**Stage 3: Preparation**
A person in this stage has made a decision, and is making plans about how to carry the decision out. At this stage, a community health worker should provide “how-to” information and identify and discuss ways to reduce specific barriers to the planned course of action.

**Stage 4: Action**
In this stage, a person is taking the action that was decided on and planned. A community health worker can help by reinforcing the decision, giving feedback and providing encouragement to continue with the change, and being supportive.

**Stage 5: Maintenance**
At this stage, the person has started and in continuing in the new pattern of behavior. They are convinced of the value of the behavior, and feel that the benefits of the behavior outweigh the costs. However, relapse can also occur in this stage. A community health worker can help by reinforcing the behavior reminding the person of the benefits of the change. If relapse occurs, remind the person of his/her success in making the change initially, and work with the person to develop strategies that will prevent relapse in the future.

Remember that it is normal for people to go back and forth in the stages of change. To be most effective, a community health worker should try to work with an individual in whatever

**D. Health Belief Model**
The Stages of Change Model talks about how people move through various stages when they are getting ready to make a change in their health related behavior. Now we will talk about one model of how people decide that a change may be needed. This is called the Health Belief Model. This model tries to explain and predict health behaviors by focusing on the attitudes and beliefs of individuals.

The model is based on the understanding that a person will take a health-related behavior when:

1. The person feels that it is possible that a negative health condition can be avoided,
2. Has a positive expectation that by taking a recommended action, he or she will avoid a negative health condition, and
3. Believes that he or she has the capability to successfully take the recommended action.

**Handout 1-3: Health Belief Model**

The Health Belief Model relies on several concepts:

**Perceived susceptibility** – is the individual’s perception of how likely they are to acquire the negative health condition. An example of someone who perceives low susceptibility would be a woman who says, “I don’t really have to worry about getting heart disease. I’m only 38, and heart disease happens mostly to older men.”

**Perceived severity** – is the individual’s belief about how negatively affected they would be by the negative health condition. An example of this would be a young gay man who says, “I’m not worried about getting AIDS. They have medicine to treat it now and hardly anyone dies of it.”

**Perceived benefits** – is the individual’s belief that a recommended action will successfully prevent a negative health condition. An example would be the man who says, “I know that exercising regularly will help me lose weight.”

**Perceived barriers** – is the person’s opinion of what the recommended action is going to cost, either in money, time, or psychologically. An example of this would be the woman who says, “I know I should get a mammogram, but I’m afraid it will hurt. Also, I don’t have insurance to pay for the test.”

**Cues to action** – are strategies that help a person take a recommended action. An example would be reminder cards sent to women on their birthdays to remind them it is time for them to get their yearly mammogram.

**Self-efficacy** – is the person’s confidence in their ability to take action. An example would be the man who says, “I’ll never be able to stop smoking. I’ve tried before, and I just couldn’t quit.”

**Activity: the Health Belief Model in action**

Distribute Handout 1-4: Health Belief Model Worksheet. With the whole class, work through an example of using the health belief model concepts to explore what an individual might be thinking and feeling about taking a recommended health action. As an example, use overweight/weight loss. For each example, have the class suggest actions a community health worker might take to change the individual’s belief to make it more likely that they will take the recommended action.
Divide the class into groups of 2-4. Give each group a different condition, and have them do the same thing that the large group just did. After 10 minutes, have each group report out to the larger group.

III. Summary

The three leading causes of death in the United States are heart disease, cancer, and stroke. For each of these, there are steps that can be taken by individuals that reduce their risk for getting the disease. In addition, screening efforts can help to identify diseases earlier, when treatment can be most effective, and individuals may need awareness and encouragement to participate in screenings for high blood pressure, diabetes, and cancer.

Understanding how people make decisions about taking health related actions, and understanding that people move through change in stages, can help a community health worker to develop effective strategies in assisting people to change their behavior. Later in this class we’ll be talking more about specific diseases and condition, and about specific actions that people can be encouraged to take to lessen their risk for disease.