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Class 1

Introduction to Manual

- ❖ What is a Community Health Advisor?
- ❖ What qualities do you need?
- ❖ How will you benefit?

CHA Activities & Appropriate CHA/Peer Relationship

- ❖ Responsibilities and tasks
- ❖ Forms

Confidentiality/HIPPA



Introduction to Manual

What is a Community Health Advisor (CHA)?

A Community Health Advisor (CHA) is a person from the community who works to link community members with healthcare services and other resources. As a CHA, you will be able to link your fellow community members, 55 years and older who have hypertension, to the Lifestyle University and resources in the area. You will also be able to provide social support to your peers who are working to make behavior changes as participants in Lifestyle University (LU).

What is your role?

Goals:

1. Teach Lifestyle University classes with team of Community Health Advisors.
2. Follow-up with participants in Lifestyle University (Maintenance).
3. Become a community advocate (Outreach & Recruitment).

Job duties:

- Become familiar with local resources
- Assist in improving your environment
- Teach Lifestyle University classes in the community
- Identify potential participants for LU
- Provide social support to peers
- Lead "Health Discussions" about hypertension and healthy lifestyle behaviors
- Schedule opportunities for Lifestyle University staff to present information on hypertension and health lifestyle behaviors.

Who will you work with?

- ❖ Team of Community Health Advisors (teaching Lifestyle University classes)
- ❖ Multidisciplinary team (source of training & available resources)
- ❖ Program Coordinator (program details)
- ❖ Participants in LU (peer interaction)

What Qualities do You Need?

- Be very involved in your community or care about your community.
- Have outgoing personality traits, including:
 - Good communication skills
 - Ability to work with others and resolve differences
 - Willingness to learn about other lifestyles and practices
 - Patience
 - Open-mindedness
 - Honesty
 - Respectfulness
- Be eager to learn and share knowledge with others.
- Practice good health behaviors, including:
 - Healthy Eating Habits
 - Exercise
 - Stress management
 - Medication Management
- Have access to transportation and a phone for follow-up and interactions with peers and Lifestyle University team.
- Be a team player.
- Believe others can change their lifestyle to improve their lifestyle.
- Be organized.
- Have the necessary time available.
- Be a graduate of LU.

How Will You Benefit?

- ❖ This will be a chance for you to give back to your community and to share your knowledge and experience with lifestyle change and hypertension with others.
- ❖ You will be a model for peers in your community.
- ❖ Each CHA will be compensated for his/her activities.

CHA Activities

As a CHA, your main responsibility is to provide social support to current LU participants (peers).

You are Responsible for the Following Tasks

1. Manage a caseload of peers.
 - a. You will be assigned a certain number of Lifestyle University participants to call, follow up with, and remind about classes.
2. Regular interaction with peers.
 - a. Interactions can include phone calls, individual meetings, meetings with a group of your peers, or social activities.
 - b. See "Communication (CHA to peer)" section for tips on how to interact with peers on page 28.
3. Attend all Lifestyle University classes and events.
4. Turn in logs each month.
 - a. Each time you speak with a peer, record it on the "CHA Weekly Log" and complete a "CHA Interaction with Peer Form".
 - b. Keep up with your activities as recorded on activity log.
5. Weekly phone conversations with Program Coordinator.
 - a. Each week, call the program coordinator to discuss your caseload of peers. These calls are your opportunity to talk about any problems or concerns you may have about a peer. Weekly phone calls will also help update the Lifestyle University team on the progress of your peers and provide you with support when needed.
 - b. Update program coordinator with contact information, such as a new address, or other important information, such as if a peer is going on vacation.

Each month, you are responsible for choosing 2 of the following 5 tasks (chosen tasks can vary from month to month):

1. Become familiar with local resources.
 - a. As a CHA, you may need to provide your peers with community resources.

- i. Example: If a peer needs assistance with food, you can provide them with the name and phone number to a local food bank.
 - b. See Appendix 1 for a selection of community resources (community resources for Orangeburg to be developed).
2. Assist in improving your environment.
 - a. In the "Community Advocacy" section of this manual, you will learn how to make changes in your community to make it supportive of healthy lifestyle behaviors.
3. Recruit patients to LU
 - a. As you are out in your community, please tell friends and family members, who need help with blood pressure control or improving lifestyle behaviors, about LU.
 - b. You can provide the office number to interested persons, and we will talk to them about the program.
4. Health discussions
 - a. A "health discussion" is an opportunity for you, as a CHA, to lead a group talk about healthy lifestyles and hypertension. You can share your experiences with high blood pressure, as well as the challenges and successes you had in making lifestyle changes.
 - i. Examples of where a health discussion may take place in your neighborhood including over a meal with friends, during church activities, or at your local community or senior center.
 - b. The point of a health discussion is to get people talking about controlling their blood pressure and being comfortable talking about their health with others.
 - c. This is your opportunity to show off what you learned in LU!
5. Identify presentation opportunities for Lifestyle University staff
 - a. LU staff is available to talk to groups about high blood pressure and how to start making lifestyle changes.
 - Examples of groups include: an older adults' group at your church, a neighborhood meeting, a civic club, or a community center.

CHA Interaction with Peer Form

Date: _____

Time started: _____ Time ended: _____

Current goal: _____

- Diet Physical activity Stress Weight loss
 Smoking cessation Medication compliance Other

Progress: _____

Concerns: _____

Encouragement: _____

Referral: _____

Journal Review: _____

Follow-up: _____

CHA Weekly Log

Community Health Advisor Name: -

Dates of Week:

Please use this log to keep up with any contact that you had with a peer or if you tried to get in touch with a Peer. Include the date, length of conversation, your peer's name, describe what happened, and check if this was a telephone call or a face-to-face visit.

*Please fill out "CHA Interaction with Peer" form to describe conversation/interaction.

Date	Length	Peer's Name	Describe*	Telephone	Face-to-face Visit
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Confidentiality/HIPPA

Information from Palmetto Health Richland's Human Resources:

- ❖ New Employee Orientation video
- ❖ HIPPA Training
- ❖ Code of Conduct
- ❖ Conflict of Interest

Class 2

General Hypertension Knowledge

- ❖ Blood pressure facts
- ❖ Classification of blood pressure
- ❖ Causes of hypertension
- ❖ Risk factors
- ❖ Health problems caused by hypertension
- ❖ Treatment options

Lifestyle Change: Reviewing LU

Eating Habits

- ❖ Healthy eating
- ❖ Serving sizes and label reading
- ❖ Healthy cooking
- ❖ Mastering restaurant eating

Physical Activity

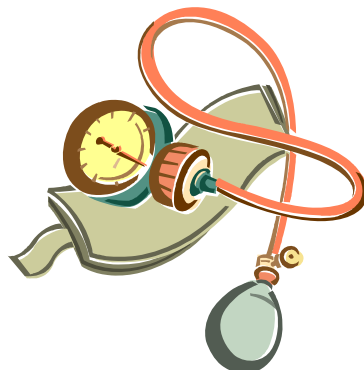
- ❖ How much physical activity should I get?
- ❖ Safety
- ❖ A habit for life

Stress Management

- ❖ What does stress do to the body?
- ❖ What can you do to reduce your stress?

Medication Management

- ❖ 5 Tips for Taking Medication Correctly
- ❖ 4 Steps to Remembering Your Meds
- ❖ Avoiding Polypharmacy



General Hypertension Knowledge

- ❖ Hypertension, commonly called high blood pressure, affects 1 out of every 4 adults.
- ❖ Individuals who have a family history of hypertension are more likely to develop hypertension.
- ❖ African Americans are more likely to develop hypertension.
- ❖ Adults over the age of 50 have a 90% lifetime risk of developing hypertension.
- ❖ Hypertension is commonly called the "Silent Killer". It often has no symptoms but causes serious problems if not controlled.
- ❖ Uncontrolled Hypertension is the major cause for cardiovascular disease and #1 cause of death in those 75 and older.
- ❖ Systolic BP [top number] is a better predictor of cardiovascular risk.

Blood Pressure Facts

We all know that our bodies need oxygen to live. Oxygen is carried by the blood to all parts of the body through blood vessels called "arteries." Blood pressure is the force of blood pushing against the walls of the arteries-like pressure of water in a garden hose. Blood pressure is made up of two numbers: the top number is called systolic blood pressure and the bottom number is called diastolic blood pressure. If your blood pressure is 120/80, it means that your systolic pressure is 120 and your diastolic pressure is 80.

- **Systolic** BP (top number) - the highest pressure in your arteries when your heart contracts.
- **Diastolic** BP (bottom number) - the lowest pressure in your arteries when your heart relaxes between beats.
- Blood pressure is measured in millimeters of mercury (mm Hg).

Blood pressure varies all the time and can vary from 10-20 points. These variations allow the body to respond to stressful situations. Because of these normal changes, hypertension is not diagnosed until your blood pressure is elevated on 2 to 3 separate office visits.

Classification of Blood Pressure (BP)

	Systolic (mm Hg)		Diastolic (mm Hg)
Normal	< 120	and	< 80
Prehypertensive	120-139	or	80-89
Hypertension, Stage 1	140-159	or	90-99
Hypertension, Stage 2	≥ 160	or	≥ 100

Examples:

119/94 Systolic BP is NORMAL; Diastolic BP is HIGH.

150/70 Systolic BP is HIGH; Diastolic BP is NORMAL.

160/96 Systolic and Diastolic BP are both HIGH.

Anytime your Systolic or Diastolic numbers are elevated above 140/90 on more than one office visit you may be diagnosed with high blood pressure.

Causes of Hypertension

- Sometimes, hypertension is caused by a kidney, hormonal or heart disorder, use of certain medications, or a rare disease.
- In about 95% of cases, the cause of hypertension is unknown.
- Anyone at any age can develop hypertension.

Risk Factors

Factors that contribute to high blood pressure are:

- Smoking
- Being overweight
- Diets high in salt and fat
- Drinking alcohol excessively
- Physical inactivity
- Stress
- High Cholesterol
- Kidney disease
- Diabetes
- Stroke

Health Problems Caused by Hypertension

Over time, high blood pressure can cause damage to the blood vessels all over the body causing them to weaken and become rough on the inside. The increase in roughness allows for cholesterol to buildup over time. Smaller vessels can increase blood pressure and decrease or stop blood flow to important parts of the body. Lack of blood flow can cause:

- Stroke
- Heart Attack
- Kidney Failure
- Blindness

Hypertension is called the "Silent Killer" because there are no symptoms, unless your blood pressure is very high. Damage to your body may take years to occur and you may not feel unhealthy or sick until damage to your body has occurred.

The only way to detect high blood pressure is to have it checked frequently by a doctor or nurse.

Hypertension cannot be cured, but it can be controlled.

Treatment Options

- After being diagnosed, your doctor may prescribe an ***antihypertensive*** (BP-lowering) medication.
- Your doctor may also encourage you to make lifestyle changes (lose weight, improve your diet, manage stress, exercise more).

Lifestyle Change: Reviewing LU

Doctors may ask patients with hypertension to make lifestyle changes. Making lifestyle changes can keep some people from having to take medication or can help the medication work better. Changes that help control high blood pressure include:

- Eating Fruits and Vegetables
- Eating Low-Fat Dairy foods
- Eating less Sodium
- Being Physically Active
- Lowering Stress Levels
- Taking Medications Correctly

Lifestyle changes are easier to make when you have a friend or family member who can offer support or act as a partner.

Healthy Eating

- 8 to 10 servings of Fruits and Vegetables a day

What is a serving of Fruit?

- 1 medium piece of fresh fruit
- $\frac{1}{4}$ cup of dried fruit
- $\frac{1}{2}$ cup of fresh, frozen, or canned fruit
- 6 ounces (oz) of 100% fruit juice

What is a serving of Vegetables?

- 1 cup of raw vegetables
- $\frac{1}{2}$ cup of cooked vegetables
- 6 oz of vegetable juice

- 2 to 3 servings of Low-Fat Dairy products a day.

What are Low-Fat Dairy products?

- Fat free, skim or 1%
- Milk, yogurt, cheese

What is a serving of Low-Fat Dairy?

- 8 oz. of milk

- 8 oz. of buttermilk
 - 1 cup of yogurt
 - 1½ oz of cheese
- 1,500 and 2,400 mg of sodium a day.
 - Salt (1 tsp of salt has 2,400 mg of sodium)
 - Foods that are high in sodium:
 - Soy Sauce
 - Baking Soda
 - Bouillon
 - Canned foods
 - Cured and pickled foods
 - Condiments
 - Convenience foods
- Fewer calories, less fat, and smaller portions.
 - To lose 1 pound of fat a week - eat 500 fewer calories a day or increase your activity to burn off 500 more calories.
 - Only 27% of your calories should come from fat.
 - Don't forget about the amount of food you are eating. A larger size means more calories and fat.

Rules of Thumb for Serving Sizes

1 teaspoon = one thumb tip

1 tablespoon = two thumb tips

2 tablespoons = a golf ball

1 ounce of cheese = thumb from tip to base

1.5 ounces of cheese = 4 stacked dice

8 fluid ounces = one clenched fist

$\frac{1}{2}$ cup = one small hand cupped or a tennis ball cut in half

1 cup = two small hands cupped or a tennis ball

3 ounces of meat = the palm of a woman's hand or a deck of cards

1 medium piece of fruit = a baseball

1 medium bagel = a hockey puck

1 small baked potato = a computer mouse or a balled fist



Label Reading

① **Serving Size** - At the top or side of the Nutrition Facts panel is the serving size and number of servings in the package. Pay attention to the printed serving size, and compare it to how much you actually eat.

Nutrition Facts	
Serving Size 1 cup (228g)	
Servings Per Container 2	
Amount Per Serving	
Calories 260	Calories from fat 120
% Daily Value*	
Total Fat 13g	20%
Saturated Fat 5g	25%
Cholesterol 30mg	10%
Sodium 660mg	28%
Total Carbohydrate 31g	10%
Dietary Fiber 0g	0%
Sugars 5g	
Protein 5g	
Vitamin A 4%	●
Calcium 15%	●
Vitamin C 2%	●
Iron 4%	●
* Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs:	
Calories:	2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g
Calories per gram: Fat 9 * Carbohydrate 4 * Protein 4	

④ **Daily Values (%DV)**- these percentages tell you whether nutrients in a serving of food contribute a lot or a little to your daily intake. In general 5% DV or less is low for any nutrient, and 20% DV or more is high.

② **Calories/Calories from Fat**- Calories give a measure of the amount of energy one serving is providing. Next to calories, the label shows the number of calories in one serving coming from fat.

③ **Nutrients** - The following nutrients are required to be on the labels: total fat, saturated fat, cholesterol, protein, dietary fiber, sugars, vitamins A & C, calcium and iron. Other nutrients must be listed if a claim is made about the nutrient or if it has been added to the food. In 2006, all packages must include a line for trans fat.

Healthy Cooking

Lower Sodium

- Leave out the salt. Most recipes don't need it.
- You will need salt in recipes with yeast. For those, reduce the salt by 1/2.
- Limit the use of ham and bacon as seasonings. Turkey products are lower in sodium and fat than ham and bacon. Some brands of Liquid Smoke are low in sodium and add a smoked flavor to beans, meats and vegetables.
- Reduce the amount of baking powder used in baked items.

Cut the Fat

- Use lower-fat dairy products (fat free cream cheese and sour cream, part-skim milk cheese)
- Cut fat by 1/3 in recipes. You can't tell the difference!
- Use a fruit puree, like applesauce, instead of fat in baked goods.
- Cook in nonstick cookware, add a teaspoon of vegetable oil or use a nonstick vegetable spray to stir-fry or brown foods.
- Remove the skin on chicken and turkey before cooking and eating.
- Grill, broil, poach, roast, or stir-fry instead of deep frying

Less Sugar

- Cut the sugar by 1/3 in recipes or use sugar substitutes
- Use cinnamon, nutmeg, vanilla or fruit instead

Eat More Veggies

- Cut the amount of meat in mixed dishes (chili, soups, stews, casseroles) by 1/3 and substitute vegetables
- Use beans in tacos chili, soups, and stews instead of meat
- Double your usual serving of vegetables or add another vegetable as a side

Mastering Restaurant Eating

1. Don't be afraid to ask.
2. Watch your portions: Restaurant portions can be double the recommended serving size.
3. Watch Soups and Salads.
4. Pick a lower fat entrée:
 - London broil, grilled chicken breast, baked or broiled fish are examples of lower fat options.
 - Filet mignon, prime rib, veal or chicken parmigiana, anything fried or with a cream sauce will be higher in fat.
 - Look for "lite" and "heart healthy" options.
5. Choose your sides wisely:
 - Limit French fries, potato chips, onion rings, and mayo based salads.
 - Try baked potatoes, boiled new potatoes, steamed vegetables, rice or fruit instead.
 - Ask that no butter, margarine, salt or cream be used.
6. Toppers:
 - If you are unsure of a sauce or condiment, ask for it on the side.
 - Ask for fresh tomatoes, cucumber and lettuce to sandwiches.
 - Add the vinegar but leave off the oil on sandwiches.
 - High sodium toppers include olives, pickles, and sauerkraut.
 - Use ketchup, mustard, and mayonnaise in small amounts.

How Much Physical Activity Should I Get?

- Work towards 30 minutes a day of endurance activities.
- Endurance activities should **increase your heart rate and breathing**. Examples: Walking, Dancing, Aerobics, Bike Riding.
- You can do 10 to 15-minute sessions at a time or all 30 minutes at once
- You should get 30 minutes most days a week (5-6 days).
- Start with 2 days a week and gradually increase.
- Start small and work up

- **To Prevent Falls** - Work on your flexibility and balance every day. If this is your first time working on balance and flexibility, make sure someone is available to assist you.
 - **Flexibility** - Slow stretches. Don't bounce. Hold each stretch for 10-30 seconds.
 - **Balance** - Practice sitting and standing from a chair. Hold onto the arms of the chair if needed.

- **To Build Strength** - Do strength building exercises 2 - 3 days a week. You can build strength doing everyday activities such as carrying groceries and climbing stairs. You can also use cans to do arm curls or your favorite chair to do chair dips.

Safety, Safety!

Clothes & Shoes

- √ Clothes should be breathable and comfortable
- √ Wear lightweight clothing in warmer months
- √ Wear layers of warm clothing in colder months
- √ Try indoor activities during very hot or very cold weather
- √ Wear sunscreen when activities are outside
- √ Provide support for your feet
- √ Have good traction
- √ Fit properly
- √ Be comfortable

Water

- √ Drink water before, during, and after exercise.
- √ Drink even if you are not thirsty!
- √ Drink more often when sweating a lot and in warmer weather.

Safety Precautions:

- √ If you have never had a physical activity program before or have questions or concerns, talk to your doctor before starting.
- √ Warm-up for 5 minutes before starting your activity.
- √ Stretch after you have warmed up or at the end of your activity. Talk to your doctor if you have never had a stretching program.
- √ Cool-down for at least 5 minutes at the end of your activity.

Warning Signs

- √ Stop exercising and see your healthcare provider when you have the following signs:
 - Shortness of breath
 - Lightheaded
 - Nausea
 - Dizziness
 - Muscle cramps
 - Chest pain

Physical Activity - A Habit for Life

It is not always easy to keep to a physical activity plan.

What are some problems you may have staying active?

What can you do to make physical activity a habit for life?

1. Plan ahead.
2. Have active vacations.
 - Take "walking breaks" when traveling
 - Walk to see the sights, shop, or on the beach
 - Wear a pedometer
3. Take a break when you are sick and start back slowly.
4. If you are too busy:
 - Make your chores and errands more active
5. If you are bored:
 - Try another activity, another time, different days
 - Find a friend
 - Join a group or a class
6. Prepare for changes in the weather.
 - Walk at the mall when it rains
 - Walk in the morning or inside when it is hot
 - Check out local gyms or recreation centers before cold weather sets in
 - Don't forget your stretches, balance and strength activities

What Does Stress Do to the Body?

Here are some of the changes that occur in your body when you are stressed:

- ❖ Pulse rate goes up
- ❖ Breathing gets faster
- ❖ Blood vessels get smaller
- ❖ Blood pressure goes up
- ❖ Blood clots faster
- ❖ Pancreas decreases insulin production
- ❖ Stomach and intestines stop digesting food
- ❖ Pupils dilate (get bigger)
- ❖ Immune function decreases
- ❖ Feel anxious, jittery, frustrated, angry, and hostile

If someone or something is threatening your life, these changes make it possible for you to defend yourself by fighting or running away. In this way, the stress response is a very important action of the body. However, our society has changed much faster than our bodies have adapted. So, we have this powerful stress response for things that are not life threatening. Daily hassles become triggers to the stress response. And more than that, we keep having the stress response all day long. Feeling stressed all day for weeks and months and years finally takes its toll on the body and we give in to illness and disease.

What Can You Do to Reduce Your Stress?

Have a Stress Resistant Lifestyle:

Take good care of your body so it's in the best shape possible to handle stress.

- Eat a nutritious diet high in fresh fruits & vegetables.
- Get enough sleep.
- Do aerobic exercise for 20-30 minutes every day.
- Reduce or eliminate caffeine intake.

Stress resistant thinking is just as important as a stress resistant life style. Some of the things you can do include:

- Don't worry about the unimportant stuff
- Laugh a lot
- Have an optimistic outlook
- Make and use a social support network

Relax:

You can change the way your body and mind react to stressors by relaxing - the process of turning on the relaxation response. It is the exact opposite of the stress response, so both cannot exist at the same time.

The following are different relaxation techniques you can use:

- ❖ Progressive Relaxation
- ❖ Autogenic Training
- ❖ Imagery
- ❖ Self hypnosis
- ❖ Benson's Relaxation Response
- ❖ Meditation

(Refer to your Lifestyle University Manual & Resource Manual for a description of the listed relaxation techniques.)

There are some basic elements that are the same in all these techniques.

- 1) A quiet environment and a comfortable place to sit
- 2) Begin with deep breaths that come from the diaphragm. It takes practice to learn how to breathe this way.
 - a. Lie on your back on a hard surface like the floor.
 - b. Place one hand on your stomach and one hand on your chest.
 - c. Begin taking deep breaths, don't hyperventilate.
 - d. Focus your attention on your breathing.
 - e. The hand on your stomach should rise as you breathe in and fall as you breathe out.
 - f. The hand on your chest should not move.
- 3) Close your eyes
- 4) Be open to new experiences and feelings

Change Your Outlook:

If everyone listed their top five stressors, no two lists would be the same. We might have a few stressors that were in common but we would also have differences. Because stress is in the eye of the beholder, we can control our thoughts, feelings, and beliefs. We have the power to determine what will be stressful and what will not be stressful.

For example, we choose how to think and feel about an event such as a rude sales clerk. One person might say, "How dare that woman speak to me that way! I am going to report her to her supervisor!" While another person might say, "She seems stressed. She must be having a bad day." The first person got very angry and sought revenge. The second person took it in stride and did not get angry. These two people also had very different consequences from their reaction to the sales clerk. The first person experienced stress and the second person did not.

Many times we react with anger or other negative emotions out of habit. We don't think; we just act. Changing these habits takes practice, but it can be done through a process called self talk.

1. Identify a stressor where thoughts and emotions can be altered.
2. Recognize the negative messages you are currently using in this situation.
3. Create two or three new messages that you will use to deal with the stressors.
4. Write down the new messages and keep them with you.
5. Practice saying the messages to yourself.
6. Use the new messages when you encounter the stressor.
7. Practice, practice, practice! Change takes time.

Here are some specific examples of habits you might want to work on acquiring because they will help manage stress.

- ❖ Reduce saying I can't stand it
- ❖ Quit Awfulizing
- ❖ Stop over generalizing
- ❖ Don't be a mind reader or conclusion jumper
- ❖ Have realistic expectations
- ❖ Reduce worry by making a worry list
- ❖ Create an anger log

Take Action:

1. Get Hug Therapy - We need at least four hugs a day to survive, eight hugs to feel OK, and twelve hugs to tackle the world. "Hugs" can be bear hugs, smiles, compliments, or kind words or thoughts. It also feels good to give hug therapy.
2. Pray - You don't need to go through life feeling alone. Prayer can be a great source of comfort and strength.
3. Practice a hobby - If you have one, use it; if you don't currently have one, then it's time you did. A hobby can immerse you in an

activity of your choice that provides you with a sense of accomplishment and pleasure.

4. Find a pet - Countless studies have demonstrated that caring for, talking to, holding, and stroking a pet can help reduce stress.
5. Get a massage - Physical touch can feel wonderful when you are tense, and having someone help you relax can feel supportive.

5 Tips for Taking Medication Correctly

1. Take your medication correctly each day as directed by your doctor.
2. Know why you are taking your medicines and their names.
3. Know the side effects of your medicines.
4. Know when to take your medicine and what to do if you forget to take your medicine.
5. Decrease the risk of your medicines causing reactions:
 - Know the risks
 - Know the symptoms
 - Know the steps to take for prevention

4 Steps to Remembering Your Meds

1. Make a Medication Chart.
2. Have a Routine.
 - Example:
 - a. Take morning medications right after you wake up.
 - b. Take evening medications around suppertime.
3. Use a Pillbox.
 - a. Look for easy open tops.
 - b. If you have morning and evenings medications, look for a box with multiple slots for each day.
 - c. Look for boxes that have alarms.
 - d. Keep your pillbox in a central location.
4. Have a Color Code to help you take the correct medicine.
 - ✦ Use a different colored dot on the top of each medicine bottle.
 - Red = Blood Pressure Medicine
 - Blue = Sleeping Pills
 - Yellow = Arthritis Medication
 - ✦ Place the color and time on your medication chart.

Avoiding Polypharmacy

Polypharmacy is taking more medication than you need and can lead to major side effects. Polypharmacy can happen by:

- ✦ Going to more than one doctor if they do not share information
- ✦ Taking drugs that interact with each other
- ✦ Taking herbals that interact with medications

Are you at risk?

- ✦ Take more than 4 medications.
- ✦ Take non-prescription medications.
- ✦ Smoke/drink alcohol.
- ✦ Use different pharmacies.
- ✦ Have more than one doctor.
- ✦ Take medications multiple times each day.
- ✦ Have trouble opening bottles.
- ✦ Have trouble reading the labels.

Common Symptoms:

- ✦ Feeling tired
- ✦ Constipation
- ✦ Loss of appetite
- ✦ Confusion and falling
- ✦ Depression, hallucinations
- ✦ Rashes

Ways to prevent

- ✦ Always read the labels.
- ✦ Use only one pharmacy.
- ✦ Learn what medication you take.
- ✦ Make a medicine list and take it everywhere especially to your physician visits.
- ✦ Always ask a physician/pharmacist before taking any medication that is not prescribed for you.

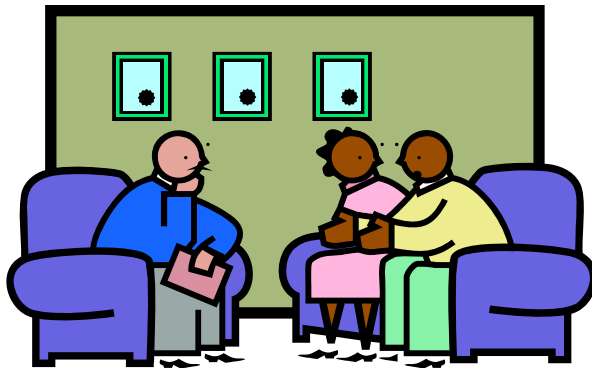
Class 3

Communication (CHA to Peer)

- ❖ Important guidelines to follow
- ❖ How to be supportive
- ❖ Tips for helping peers solve their problems

CHA Role Playing

- ❖ Situation 1 - Meet Sally and Arlene
- ❖ Situation 2 - Meet Emma and Jackie



Communication (CHA to Peer)

Much of your communication with your peers will be on the telephone. When using this type of communication, you need to be a good listener, aware of both what your peer is saying and how your peer might take what you are saying.

Important Guidelines to Follow

1. Limit phone calls with each peer to 30 minutes.
2. Ask if the current time is a convenient time to talk.
3. If your peer sounds busy, do not pressure him/her to stay on the phone.
4. During your phone call, make sure that you encourage good lifestyle changes.

Things to Avoid:

1. **Moralizing** - telling a peer what they "should" or "ought" to have done, as opposed to what they actually did.
 - a. Do NOT: "You should not have eaten a huge cheeseburger and fries for lunch even though you have a busy schedule."
 - b. Do: "Let's talk about ways to make healthier eating choices when you are in a hurry."
2. **Advising or giving suggestions/solutions prematurely** - trying to fix a problem for your peer before getting enough information.
 - a. Do NOT: "You need to increase the number of fresh fruits and vegetables that you eat."
 - b. Do: "Is it easier for you to get fresh, frozen, or canned fruits and vegetables?"
3. **Trying to convince a peer through lecturing or arguing** - trying to persuade a peer to think a certain way or trying to prove something to a peer.
 - a. Do NOT: "Let me tell you what to do, since you are doing it wrong."

- b. Do: "Let's work together to make a plan that works for you and follows the LU recommendations."
- 4. **Judging or criticizing a peer** - discouraging inappropriate actions instead of encouraging more appropriate behaviors.
 - a. Do NOT: "I can't believe you did not get 30 minutes of physical activity 5 days this week!"
 - b. Do: "Let's brainstorm ways you can be more physically active. What do you think is a reasonable goal for you to work towards this week?"
- 5. **Reassuring or excusing a peer's negative behaviors** - letting a peer think negative behaviors are okay.
 - a. Do NOT: "It's okay if you missed taking your blood pressure medicine yesterday."
 - b. Do: "It's really important you take all of your medications as prescribed. Is there a reason you missed taking your medication yesterday?"
- 6. **Using sarcasm or humor to make light of peer's problems** - not taking a peer's comments and concerns seriously.
 - a. Do NOT: "I can't believe that you actually thought that watching TV counted as physical activity. That's hilarious!"
 - b. Do: "I know you have had a hard time giving up TV time for physical activity. Have you tried to exercise during the commercials or during your favorite 30 minute show?"
- 7. **Threatening a peer if appropriate behavior is not achieved** - reacting negatively to a peer's comments.
 - a. Do NOT: "I will have to tell our Stress Management Instructor you are not practicing your stress reduction skills."
 - b. Do: "From what you are saying, you feel you need more help working on stress reduction. Would you like me to have the Stress Management Instructor give you a phone call?"
- 8. **Dominating interactions** - controlling all of the conversation without letting your peer express anything.
 - a. Do NOT: "I have developed a plan for you to work on because I know you are still eating too much salt."

- b. Do: "How have you been doing with trying to eat less salt?"
- 9. **Interrupting inappropriately or excessively during your conversations with your peer.**
 - a. Do NOT: "Could you hurry up and finish what you are saying?"
 - b. Do: "Please feel free to talk about the troubles and successes that you have been having with lifestyle change. If I am slow to reply, it is because I want to make sure you have plenty of time to respond."
- 10. **Going off-topic excessively** - letting your peer guide the conversation away from the focus of lifestyle changes and hypertension.
 - a. Do NOT: "Talking about your grandchildren is not going to help lower your blood pressure. We need to talk about lifestyle changes."
 - b. Do: "My grandchildren are really important to me as well. Have you been sharing any of the information you learned from LU with them?"

How to be Supportive

1. Praise:
 - a. When a peer tells you about a positive action or behavior, congratulate them.
 - b. Use phrases, such as "Great job", "You're a star LU participant", and "Wow".
2. Encouragement:
 - a. When a peer is acting appropriately, encourage them to continue making positive changes.
 - b. Use phrases, such as "Keep up the good work", "You are making great progress", and "Continue making positive behavior changes".
3. Use appropriate nonverbal communication when applicable:
 - a. Facial expressions: maintain eye contact with peer; keep eyes at same level as peer's; occasional smiles; warmth and concern shown through facial expressions; and appropriately animated facial expressions.
 - b. Posture: use appropriate hand gestures; body leaning slightly forward to peer; and be attentive yet relaxed.
 - c. Voice: clearly audible but not loud; warmth in tone of voice; use your voice to reflect feeling and emotions; and use a moderate speech tempo.

Tips for Helping Peers Solve their Problems

- 1) **Be a good listener** - The better you listen to your peer's concerns and life situation, the better you can help.
- 2) **Minimize distractions** - Make sure there are as few distractions as possible during your conversations with your peers. Distractions include: external distractions, such as a package being delivered, and internal distractions, such as worrying about what to make for dinner.
- 3) **Summarize** - Once a peer states a problem, barrier or concern, restate the speaker's comments to make sure there are no misunderstandings. (If a participant complains of clothes not fitting, you may say "It sounds like you are worried about weight you may have gained lately. Is this correct?")
- 4) **Refer to the LU journal** - You may want to have your peers get their LU journals out when you call. By referring to their journal, your peers can better report what they have been doing. Also reinforcing the importance of the journal will help your peers monitor and track changes better. Research shows people who monitor their behavior change are more likely to succeed at making the change.
- 5) **Encourage SMART goal setting** - Ask your peers about the goals they are setting. Help your peer make **S**pecific, **M**easurable, **A**ttainable, **R**ealistic and **T**ime-oriented goals.
- 6) **Match goals and solutions to your peer** - When helping your peers set goals and find solutions to their problems, help your peer find ones that meet their needs. These goals or solutions may not be the goals or solutions you would choose for yourself; however, they should be ones that will work for your peer.
- 7) **Ask non-threatening questions** - Help your peers help themselves by letting them find the best answer to their dilemma. Lead them to a solution by asking non-threatening questions such as "Would it be possible to work on increasing your physical activity this week?" instead of telling them they

- should increase their physical activity or lecturing them on not being active.
- 8) **Share appropriate experiences** - Sometimes it may help your peer by learning you had a similar experience. Be careful that you do not focus the conversation on your needs and successes. Remain focused on what will help your peer.
 - 9) **Start small and work up** - Encourage your peers to set a small goal and build upon it to reach their ultimate goal. A good example is weight loss. Encourage your peers who want to lose weight to focus on losing 1-2 pounds a week versus trying to lose 20 pounds in a month.
 - 10) **Social support** - When helping your peer find solutions and set goals, ask who will be helping them. Having a source of social support (friend, family member, neighbor, group) is a key part to successful behavior change.

ROLE PLAYING

How Do Your Listening Skills Compare?

Situation 1:

Sally has recently begun working with the Lifestyle University as a Community Health Advisor (CHA). She takes her responsibilities very seriously and is eager to share the knowledge she gained in Lifestyle University (LU) with her peers. Sally was very excited to learn her neighbor, Arlene, was going to be one of the new peers she would be counseling.

During her first call, Sally decided to see if Arlene needed help with setting goals for the LU journal.

"Hi Arlene, this is Sally. I am calling to see how things are going with Lifestyle University," began Sally. "It is very important you are setting goals during LU. Setting goals really helped me lower the amount of salt I eat. I also started doing relaxation techniques everyday. I think that imagery is the best relaxation technique JoAnne teaches. What problems are you having?"

STOP (see discussion questions)

At first Arlene said she did not have any problems. However, Arlene then began describing how her clothes are fitting tighter than she likes, that she had just been put on a new medication and was unsure about when to take it and that she did not know how to use the new blood pressure monitor her doctor gave her. As Arlene began to describe the problem she was having with her blood pressure monitor, Sally interrupted her.

"I think you need lose 10 pounds before the end of LU," said Sally. "Write that goal in your journal. Then check with the LU staff about your medications and your monitor."

STOP (see discussion questions)

Arlene agreed that she did need to lose 10 pounds and that she would talk to the LU staff about her medications and her monitor. Arlene told Sally she had an appointment she needed to make and needed to go. Sally and Arlene said goodbye, and Sally told Arlene she would be calling again in a few weeks.

STOP (see discussion questions)

Situation 1 Discussion Questions:

- How is Sally doing with her first check-in call?
- What would you have done differently?
- What are some areas where Sally did well?
- What are some areas Sally needs to work on?
- What do you think Arlene's feelings are at this point?
- How do you think Arlene will respond to Sally's question?

Situation 2:

Jackie is also working with the Lifestyle University team as a Community Health Advisor (CHA). Before starting her work as a CHA, Jackie attended a training class for interested CHAs. At the class, she learned the importance of "active listening." Jackie learned that many times, when other people talk, we do not listen as closely as we should. We may think we are listening when we are in fact distracted by a package being delivered, worries about what to make for supper, gossip we heard about the speaker, or other thoughts and feelings. When Jackie made her first call to her neighbor and LU participant, Emma, Jackie was ready to put her active listening skills to work.

During her first call, Jackie made sure there would be **no distractions** (external or internal) **during the call**. Next, she decided to use her first call to see if Emma needed help with setting goals for the LU journal. Jackie started the conversation by talking about Emma's experience with LU so far.

"Hi Emma, this is Jackie. I am calling to see how you are doing," began Jackie. "I know you just had your first LU class. Are things going okay with LU?"

Emma told Jackie about the new people she had met at LU and how much she enjoyed the information the LU staff was giving her. Jackie knew one of the rules for active listening is to **provide the speaker enough time to finish their thoughts**. After a brief moment of silence to make sure Emma was finished talking, Jackie said,

"It sounds to me like you are enjoying your time at LU. I enjoyed my time at LU as well. Has the class started setting goals in their LU journals yet?"

STOP (see discussion questions)

Emma said they had started setting goals and she was finding the process very difficult.

"What sort of difficulties are you having?" asked Jackie.

Emma said she was finding the journal overwhelming and was unsure where to start. Jackie remembered the following tips from her CHA training:

- 1) **Start by restating the speaker's comments to make sure there are no misunderstandings.**
- 2) **Ask non-threatening questions.**
- 3) **Share your own experiences as appropriate.**
- 4) **Help the speaker work through the situation to a conclusion that is good for them. This does not have to be the solution you would have chosen; however, it should be one that works for the speaker.**

"It seems your main difficulty with the journal is dealing with so much information at once and knowing where to start. Is this correct?" asked Jackie. Once Emma agreed with Jackie's summary of the problem, Jackie asked Emma to think of a few concerns that were most important to her.

STOP (see discussion questions)

Emma began describing how her clothes have started fitting tighter than she likes, that she had just been put on a new medication and was unsure when to take it and that she did not know how to use the new blood pressure monitor the Center gave her. When Emma finished, Jackie said:

"Okay. From what you are telling me, it sounds like you have concerns about gaining weight, when to take your new medication and how to use your blood pressure monitor. Would it be possible to work on these three concerns this week?"

STOP (see discussion questions)

Emma agreed that she could work on all three concerns this week.

"Great. What is the first thing you would like to work on?" asked Jackie.

Emma decided she needed to first understand how to use her blood pressure monitor. Since Emma was given the same type of blood pressure monitor Jackie used, Jackie offered to come by the next day to show Emma how to use the monitor. They would call doctor's office nurse if they had problems.

With one concern taken care of, Emma decided her second most important concern was her medication.

"I think that is a good choice. The pharmacist was always telling us how important it is to know when we should take our medications and to talk to our doctor or pharmacist if we had questions." Jackie offered.

Emma agreed that the pharmacist had told their class the same thing. Emma decided to call her doctor's office and ask the nurse when she should take the new medication.

"Well I think you are doing a great job of solving the difficulties you expressed having. Your last concern was losing weight; is that correct?" said Jackie.

STOP (see discussion questions)

- * Write down how you would help Emma work on a weight loss goal.

Situation 2 Discussion Questions:

- How is Jackie doing with her first check-in call?
- What would you have done different?
- What are some areas where Jackie did well?
- What are some areas Jackie needs to work on?
- What do you think Emma's feelings are at this point?
- How do you think Emma will respond to Jackie's question?
- What differences do you see between Situation 1 and Situation 2?

Class 4

Cultural Competence

- ❖ Cultural competence: Self-reflection
- ❖ A discussion of culture

Patient-Physician Communication

- ❖ How to talk to your doctor
- ❖ Preparing for an office visit
- ❖ Patient-physician interaction

Advocacy in the Community

- ❖ Community advocacy worksheet
- ❖ Ways you can be an advocate



Cultural Competence

Cultural Competence: Self-Reflection

This tool was developed to increase our awareness of how we communicate with individuals from different cultural backgrounds. There are no right or wrong answers, but we do ask you to think about your answers as we review the materials in this manual aimed at increasing our cultural competence.

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

_____ I treat individuals with respect for their culture, even though it may be different from my own.

_____ I do not impose my beliefs and values onto others.

_____ I believe that it is acceptable to speak a language other than English.

_____ I accept other people's decisions as to how they chose to integrate their culture with the local culture.

_____ I understand that a person's race or ethnicity does not determine their cultural beliefs.

_____ I have no problems working with individuals who are gay, lesbian, bisexual or transgendered.

_____ I do not participate in insensitive comments or behaviors.

- _____ I feel the need to respond when I see someone showing cultural or racial prejudice.
- _____ I am aware the definition of family differs among cultures.
- _____ I am aware that male and female roles may differ among cultures.
- _____ I am aware that age and other life-cycle factors impact family roles. (i.e. role of elders in a family, role of oldest son or daughter)
- _____ I understand the meaning or value of medical treatment and health education may vary among cultures.
- _____ I accept that religion and other beliefs may influence how individuals respond to illness, disease and death.
- _____ I am comfortable seeking help from others to aid my work with individuals from different cultural backgrounds as needed.

I understand most people who have limited English skills and/or accents:

- _____ Have the same intellectual capacity as anyone else.
- _____ May be very capable of communicating clearly and effectively in their native language.

Adapted from:
American Speech-Language-Hearing Association. *Cultural Competence Checklist: Personal Reflection*.
http://www.asha.org/NR/rdonlyres/E7805A1A-CCD2-4A35-B84A-ED889318EFA0/0/personal_reflections.pdf (accessed August 2005).

American Academy of Family Practitioners. *Cultural Competence Self-Test*.
<http://www.aafp.org/fpm/20001000/58cult.pdf> (accessed August 2005).

A Discussion of Culture

What is Culture?

An integrated pattern passed from generation to generation. It encompasses institutions, language, religious ideals, habits of thinking, artistic expression as well as social and interpersonal relationships. It also serves as a guide for a group's expectations and actions within their environment.

What is Cultural Competence?

Cultural competence is the academic and personal skills that allow us to increase our understanding and appreciation of cultural differences between groups.

What Areas Commonly Cause Cultures to Clash?

Historical Distrust - Past injustices may create distrust among cultures. Distrust for institutions such as the healthcare system, research programs and law enforcement agencies may occur.

- Can you think of a time when you came into contact with distrust based on cultural differences?

Concepts of Family Structure and Family Identity - In many cultures, family extends beyond the traditional nuclear family. Culture also affects the influence family members have on each other.

- How do you think an understanding of a peer's family structure will help you communicate with them?

Communication Style – Some cultures encourage the separation of personal and professional identities. This separation may aid in objectivity, but can lead to depersonalized communication.

Individuals from other cultures see this communication style as “cold” or “uncaring” and feel unable to relate to the other person.

- How can you keep a communication barrier from forming between you and your peers?

Spirituality and Health – A person’s culture can affect how they perceive an illness and the treatment they feel necessary to cure the illness. Some cultures see an illness or disability as something that has a spiritual basis (i.e. evil spirit), they may not see the need for treatment unless symptoms occur or they may feel an alternative remedy (i.e. herbs, spiritual cleansing, prayer) is better than a traditional treatment (i.e. surgery, medicine).

- How would you handle a situation where a peer has discarded their medications and turned to herbals and prayer as a treatment for their blood pressure?

What is Acculturation?

Acculturation is the process whereby an individual or group adapts or borrows traits from another culture. While culture is a very important factor in shaping our actions and views, understanding an individual’s culture can be difficult. With increases in travel and migration, individuals encounter many different cultures and adapt parts of these cultures to create a complex cultural mix. It is important to remember that race or heritage does not predict a person’s culture.

While each person is an individual and their cultural mix may vary, there are some tips that may help you relate to individuals from various cultural backgrounds.

African Americans:

- May prefer to be addressed by their formal name
- May feel more comfortable if you make direct eye contact
- Be aware that the church may serve many functions in their life
- Be aware of a historic mistrust of health care professionals
- Be aware of communication styles

Asian Americans:

- Ask his/her name and how they prefer to be addressed
- May be more formal than other American cultures
- Understand their beliefs in food and healing
- Understand their relationship to authority
- Healthcare decisions may be made by the family as a whole

Latino Americans:

- Ask how they racially and ethnically identify themselves (country of origin)
- Religion and spirituality may be very important to the individual
- Understand the role family plays in their life as well as the structure and roles of the family

Native Americans:

- Ask how they racially or ethnically identify themselves
- Be aware that all tribes are not the same
- Understand the role spirituality plays in their life
- Understand about the history of oppression of Native Americans

Adapted from:

American Medical Student Association, *Cultural Competency in Medicine*. Retrieved August 16, 2005 from <http://www.amsa.org/programs/gpit/cultural.cfm>

Boone, Christine R. *Integrating Cultural Competence in Intervention*. Presented at Geriatric Services Noon Conference, February 16, Columbia, SC.

Marlo, H. American Medical Student Association, *Turning To the Past to Face the End: Caught in Cultural Limbo*. Retrieved August 16, 2005 from <http://www.amsa.org/dd/cultlimbo.cfm>

Patient-Physician Communication

How to Talk to Your Doctor¹

- You should expect to have a partnership with your doctor, which means you work together to decide what is best regarding your health.
- It is necessary that you feel comfortable in talking with your doctor in an open and honest manner.
- Your doctor should be able to communicate to you in a way that you can understand.
- All discussions you have with your doctor are confidential unless you talk about hurting yourself or others- these things have to be reported by law.
- If you don't feel comfortable talking with your doctor, you may want to consider changing doctors.

Preparing for an Office Visit²

1. Write down any questions you want to talk about & write down symptoms or health concerns that you want to talk about, including:
 - ❖ What the symptoms are
 - ❖ When they started
 - ❖ What they feel like
 - ❖ Any lifestyle changes you made when they started
 - ❖ Anything that triggers the symptoms
 - ❖ Anything that relieves the symptoms
2. Be prepared to tell about all the medication you take, including over the counter medications, vitamins, and any herbal products.

¹ M. Hwang, JAMA 1999; 282: 2422

² M. Hwang, JAMA 1999; 282: 2422

3. Be completely honest about your lifestyle, including: diet, alcohol, drugs, smoking, sexual history, and other health care. Be prepared to talk with your doctor about what you are currently doing and not what you wish or want to be doing.
4. Be sure to discuss any cultural or religious beliefs that may impact your treatment options.
5. Make sure you understand what your health care provider is asking you to do.

Patient-Physician Interaction

What is your responsibility as the patient?

1. Be truthful when reporting signs and symptoms.
2. Give the relationship with your doctor time to develop.
3. Learn and understand your body.
4. Know your health history.
5. Respect the confidentiality of the communication with your physician.
6. Be open to a partnership in decision making and open to your physician's recommendations.
7. Raise issues of concern even if they are personal or embarrassing. These issues may affect your illness and are important for your physician to know.
8. Respect your physician and treat him/her politely.
9. Do not violate the moral boundaries between you and your physician.
10. Involve your family in your care.

What is your physician's responsibility to you?

1. To do his/her job well.
2. Not treat you any different because of your age, race, class, or gender.
3. Learn how to communicate effectively with you.
4. Let you raise topics that are important to you.
5. Acknowledge your life situation and finances in deciding on treatment.
6. Work with other professionals to provide you with the best possible care.
7. Help you understand changes and developments in the field of medicine.
8. Be responsible.
9. Respect your confidentiality.
10. Respect you and your family members.

Advocacy in the Community

Community Advocacy Worksheet

1. Name 3 groups/organizations that you are involved with or would like to be involved with in your community.

2. Name 3 things in your community that affect what you eat.

3. Name 3 things in your community that affect how much physical activity you get.

4. Name 3 things in your community that affect your health.

5. Name 3 ways to find support from other people in your community.

Look back at your answers to questions #1-5. How can you make changes in your community based on what affects your life?

Name 5 things you can do in your community to be an advocate for others and their health.

1. _____

2. _____

3. _____

4. _____

5. _____

Ways You Can be an Advocate:

- Provide community resources to neighbors or friends in need (See Appendix 1).
- Try to identify an opportunity in your community for Lifestyle University staff to present information about hypertension and offer free blood pressure screenings.
- Lead discussions in your community where you talk about your experience with hypertension and lifestyle change.
- Talk to your local grocery store about adding healthier products (example of asking for more low-sodium canned foods).
- Get some friends together to start an exercise group or walking club in your neighborhood.
- Start a supper club to go to local restaurants and review the healthy eating options.
- Talk to your favorite restaurant about adding more healthy options or developing a heart-healthy part of the menu.
- Talk to a nurse or social worker if any community members are having trouble with discrimination or isolation.
- Talk to Department of Public Works or your community association if you have an unsafe environment in your neighborhood (example of cracked sidewalks).
- Form a senior group at your church.
- Go with a friend to the doctor's office or help them prepare for the visit by writing down a list of questions or helping them write down all of their drugs.
- Write an article or letter to the editor for a local newspaper.
- Give gifts to promote healthy living (example of giving fruit as a gift instead of chocolates for a special occasion).
- Talk to your friends and family about the risk factors of hypertension (example of smoking).

Appendix 1

Community Resources

This section needs to be developed for Orangeburg & Orangeburg County.

Appendix 2
**“Talking with Your Doctor: A Guide for
Older Adults” (NIA)**