Partnering for Life
Affirming Health & Well-Being through Cancer Awareness

A Cancer Awareness Tool Kit for African-American Churches
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Beloved,  
I wish above all things that you may prosper and be in health even as your soul prospers.  

- 3 John 1:2
Dear Fellow Pastor,

Shalom from your American Cancer Society. Your pastoral activities promote the well-being of members of your community. Our work as pastors and ministers is not simply to respond to the spiritual needs of our sheep but also to address their physical, emotional, and mental needs. We must approach our pastoral activities holistically and respond to the needs of the whole human being.

We are pleased to offer church leaders this Partnering for Life cancer awareness tool kit, rich in resources you may find useful when ministering to the health of your beloved congregation. Section I is primarily for pastors and ministers. Section II contains practical information most valuable to health ministry leaders and others who will assist the pastor in starting a health ministry. Section III contains an implementation guide to help you bring this program to your church or faith organization.

Let us remember that healing was at the heart of Christ’s ministry. He healed the sick, fed the hungry, restored lost dignity, and forgave the sinner.

Christ repeatedly instructed Simon Peter to take care of His sheep (John 21:15-17). As pastors and ministers, we have no choice but to follow His pastoral model.

Our communities are besieged by agonizing stories of cancer. Sadly, African Americans are more likely to develop and die from cancer than any other ethnic group. Many cancer deaths in our community could be prevented if only they were detected earlier.

This fact bears witness to the scriptural message that God’s people are being destroyed by lack of knowledge (Hosea 4:6).

Yet, a prophetic word of hope is given to us. Here is that hope: however devastating cancer can be, it cannot overcome the power of Easter morning. However agonizing cancer can be, it cannot destroy Christian hope in the upcoming city of the redeemed, where there will be no more disease and no more death (Revelation 21:4).

While we pray for that city to come, let us bring hope here and now by educating our flock about cancer prevention. Let us engage in health education and health promotion activities to fight cancer and other diseases that bring pain to our communities. Let us create dynamic church health ministries that deal not only with symptoms and consequences, but also with causes.

We at the American Cancer Society offer many educational and other resources to help reenergize your health ministries. Please call us at 1-800-227-2345 or visit us online at cancer.org, and we will assist you. We sincerely hope our resources will be of great use to you and your noble cause.

Yours in Health Promotion,

Rev. Tawana Thomas-Johnson
Director of Health Disparities

Rev. Adrien N. Ngudiankama
Mission Delivery Manager
The Partnering for Life program was created by the American Cancer Society to bring awareness to churches and faith organizations of the burden of cancer in the African American community. The program works directly with African American church leaders to address the community impact of the disease through educational and awareness activities. It takes a holistic approach that engages mind, body, and spirit in the fight against cancer.

For more information about the Partnering for Life program or to help someone in their fight against cancer, contact your local American Cancer Society at 1-800-227-2345 or online at cancer.org.

About the Partnering for Life Program

Section I
Ministering for Cancer Awareness
The Role of the Church and Faith Organizations

The African American church has historically been the primary institution serving the religious, social, political, economic, and psychological needs of its members, as well as of the larger African American community. Today, as the foremost institution of influence in the African American community, churches remain a fundamental part of the lives of African Americans. For African Americans of faith, they are the places we turn to first for guidance, the people we seek first for support and direction.

As the body of Christ, the church is called to encourage and promote health, healing, and overall wellness. The Scriptures encourage church members to be good stewards of their bodies and to protect health in its fullness. For instance, 3 John 1:2 states, “Beloved, I wish above all things that you may prosper and be in health even as your soul prosper.” The Bible is replete with passages that call the church to care for the sick or marginalized and promote the holistic well-being of members.

Unfortunately, far too many African American men and women die from chronic illnesses that could be detected earlier or perhaps even prevented through early detection or a change in lifestyle and behavior. Each year, about 65,000 African American men and women die of cancer; many of these deaths are linked to poor diet, physical inactivity, and obesity. Churches and faith organizations can address these sobering statistics by introducing cancer awareness and health promotion programs to their congregants.

There are many examples of African American churches supporting, creating, and leading extensive community outreach programs, often with health education as a major component. With resources provided by organizations such as the American Cancer Society, the church can serve as a primary source of health information and support services for cancer survivors and their loved ones. In addition, churches may provide space for the delivery of services such as support groups or events that raise awareness.

The role of the church and faith organizations as watchmen of God’s people fully embraces principles of health education and disease prevention. By providing a venue to educate congregants on the importance of healthy living, churches create vibrant congregations empowered to live and serve abundantly.

Establishing a Pastoral Healing Network

Church leaders identify a time to open the church doors and provide a space for cancer survivors and caregivers to focus on their spiritual wellness. Pastors lead spiritual mediations and prayers and provide guidance toward developing strength and hope for the cancer journey, or toward acceptance of a cancer diagnosis. Pastors may engage other pastors in the community and create a healing network for cancer survivors in the community at large. The American Cancer Society can provide your network with information on cancer care and treatment, links to community resources and emotional support programs, and assistance with the day-to-day concerns faced by many cancer patients, such as transportation to and from appointments.

The American Cancer Society Pastoral Healing Network

I am because you are; since you are, therefore I am.
– Ancient African saying

Cancer is devastating our communities in various ways. As pastors and church health ministry leaders, you serve on the frontlines of African American health challenges, and at times you may be overwhelmed by issues related to cancer. To help you better address the needs of cancer survivors and their caregivers who are members of your congregation, the American Cancer Society encourages you, as a church leader, to create a Pastoral Healing Network.

The Pastoral Healing Network is founded on the Christian concept of the church as a living body. According to 1 Corinthians 12:26, “If one part suffers, every part suffers with it; if one part is honored, every part rejoices with it.” The network can provide psychological, spiritual, and social enrichment for cancer survivors and their caregivers as they embark on their journey with cancer.

Having cancer is hard; finding help shouldn’t be.
We support your endeavors to be present for your congregants as Christ is present for us. “Ask and it will be given to you; seek and you will find; knock and the door will be opened to you. For everyone who asks receives; he who seeks finds; and to him who knocks, the door will be opened” (Matthew 7:7-8).

Cancer Awareness Meditative Prayers

My body, the temple of God
The Lord is my Shepherd;
I will never be destroyed by any disease.
He constantly ministers to my body
For it is His divine temple.
He leads me through the divine paths of knowledge and right actions without which His people are destroyed.
The Lord will help me to avoid risky health behaviors and physical inactivity. He will help me follow a healthy diet. Saying prayers, reading Scriptures, and getting screened for early detection of cancer are a few of the divine health activities I will make part of my life.
Doing so will put me on a path to good health and prosperity.
As I minister to my body, God, help me also to minister to others. For our bodies are the temples of your Holy Spirit.
In our Redeemer’s name,
Amen
Educate my sheep
The hand of the Lord was upon me, and He brought me into my community.

It was full of bones: people suffering from various diseases, including cancer. They were very dry and hopeless. He asked me, “My servant, can these bones live?” I said: “O Lord my Redeemer, you alone know.” Then He said to me, “Educate them.” Tell them that I am the Lord their healer and that their bodies are the temple of My Holy Spirit (Ezekiel 37:1-4 and 1 Corinthians 6:19).

So I educated them as I was commanded. I saw signs of life.
The Lord spoke to me once more: “My servant, tell my people that their bodies are “fearfully and wonderfully made” (Psalm 139:14). They are divinely created to worship me, to serve me, and to extend my kingdom. Suddenly, with a thundering voice, the Lord told me. Don’t you know that “my people are being destroyed by lack of knowledge?” (Hosea 4:6)
Now go, tell them to abandon unhealthy behaviors, tell them to abandon unhealthy diets, tell them to get involved in physical exercises, tell them to visit their doctors for checkups. Don’t you know that I gave you the power and the knowledge to minister to your bodies?
I was trembling as the Lord was speaking to me. Finally, He called me again. This time, with a tender voice He said, “Do you really love me?” I said, “Yes, Lord you know that I love you.”

“Take care of my sheep” (John 21:16). That was His last word, and the dialogue ended. Fellow preachers, obedience is better than sacrifice.

Bible Scriptures Related to Health, Healing, and Wholeness

These select scriptures are from the Old and New Testaments of the Bible.
Old Testament

**Genesis 1:29** – Then God said, “I’ll give you every seed-bearing plant on the face of the whole earth, and every tree that has fruit with seed in it. They will be yours for food.”

**Exodus 23:25** – “And you shall serve the Lord your God and He shall bless your bread and your water, and I will take sickness away from your midst.”

**Psalms 42:11** – “Why are you downcast, O my soul? Why so disturbed within me? Put your hope in God for I will yet praise Him, my Savior and my God.”

**Psalms 103:2-3** – “Bless the Lord, O my soul and forget not all His benefits: Who forgives all your iniquities, who heals all your diseases.”

**Proverbs 12:17–18** – “A truthful witness gives honest testimony, but a false witness tells lies. Reckless words pierce like a sword, but the tongue of the wise brings healing.”

**Proverbs 13:17** – “A wicked messenger falls into trouble, but a trustworthy envoy brings healing.”

**Proverbs 16:24** – “Pleasant words are as a honeycomb, sweet to the soul, and healthy to the bones.”

**Isaiah 53:5** – “But He was wounded for our transgressions; He was bruised for our iniquities: the chastisement of our peace was upon Him, and with His stripes we are healed.”

**Isaiah 57:18** – “I have seen his ways, and will heal him: I will lead him also, and restore comforts unto him and his mourners.”

**Isaiah 58:8** – “Then will your light break forth as the morning, and your health will spring forth speedily, and your righteousness will go before you: the glory of the Lord will be your reward.”

New Testament

**Matthew 4:23** – “And Jesus went about all Galilee, teaching in their synagogues, and preaching the gospel of the kingdom, and healing all manner of sickness and all manner of disease among the people.”

**Matthew 9:21-22** – “For she said to herself, ‘If I may touch His garment, I shall be whole.’ Jesus turned, and when He saw, He said, ‘Daughter, be of good comfort, your faith hath made you whole.’ And the woman was made whole from that hour.”

**Matthew 10:1** – “And when He had called unto him His twelve disciples, He gave them power against unclean spirits, to cast them out and to heal all manner of sickness and all manner of disease.”

**Mark 10:52** – “And Jesus said to him, ‘Go your way; your faith hath made you whole.’ And immediately he received his sight, and followed Jesus in the way:”

**John 10:10** – “The thief comes to steal and to kill and to destroy: I come that they might have life, and that they might have it more abundantly.”

**1 Corinthians 3:16-17** – “Know ye not that ye are the temple of God, and that the Spirit of God dwells in you? If any man defile the temple of God, God shall destroy him: for the temple of God is holy, and that is what you are.”

**James 5:14-15** – “Is there any sick among you? Let them call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord: And the prayer of faith will save the sick, and the Lord will raise him up: and if he committed sins, they will be forgiven.”

**John 12** – “Beloved, I wish above all things that you may prosper and be in health even as your soul prospers.”

**Jeremiah 30:17** – “For I will restore health unto you and I will heal your wounds, said the Lord, because they called you an outcast, saying, ‘This is Zion, whom no man seeks.’ ”

Bible Scriptures Related to Health, Healing, and Wholeness
Bulletin Inserts

These messages can be adapted for use in your church or faith organization’s bulletins and flyers.

Breast Cancer
Are you a woman 40 years of age or older? Have you had your annual mammogram? African American women tend to be diagnosed at later stages with breast cancer and are more likely to die from breast cancer than women of any other race. Partner your faith with good health practices and call your health care provider to schedule your annual mammogram. Remember, as it says in James 2:20, “faith without works is dead.”

Colorectal Cancer
The Scriptures declare that “my people are destroyed for lack of knowledge” (Hosea 4:6). Colorectal cancer is the third most common cancer in both men and women in the US. In fact, an estimated 102,480 cases of colon cancer and 40,340 cases of rectal cancer are expected to be diagnosed in 2013. Specifically, 18,110 new cases and 6,850 deaths from colorectal cancer are expected to occur in the African American community in 2013. Therefore, I encourage all of us who are 50 or older – myself, my family, and my friends – to talk to our doctors and find out what screening test for colorectal cancer is best for each of us.

Prostate Cancer
The Scriptures tell us to honor our fathers and to respect our husbands (Exodus 20:12 and Ephesians 5:33). Prostate cancer is the most frequently diagnosed cancer in men, and 238,590 new cases are expected to be diagnosed in 2013. The American Cancer Society estimates that 35,430 new cases of prostate cancer and 4,980 deaths from the disease are expected to occur among African American men in 2013. Starting at age 45, African American men should talk to their doctor about the pros and cons of prostate cancer testing so they can decide if testing is the right choice for them.

New Year’s Resolutions
Thinking of New Year’s resolutions? Eat healthy, and get active! Start the year with a renewed commitment to eating healthy and being physically active. Regular exercise, eating a healthy diet, and maintaining a healthy weight can lower your cancer risk. The Scriptures remind us of God’s desire for our physical health. According to 3 John 1:2, “Beloved, I wish above all things that you would prosper and be in health, even as your soul prospers.” Your faith, in partnership with good health practices, is key to abundant living.

Having Cancer Is Hard … Finding Help Shouldn’t Be
The American Cancer Society is available 24 hours a day every day of the year to provide cancer patients and their loved ones the latest information, day-to-day help, and emotional support they need throughout the cancer experience. The Society’s Cancer Information Specialists can answer your questions about treatment possibilities, treatment side effects, medications, financial challenges, and much more. They can also connect you with local resources and programs right here in our community to help you through this time. For more information, call the American Cancer Society’s toll-free number, 1-800-227-2345, or find them online at cancer.org.
Section II
Establishing and Working with a Health Ministry for Cancer Awareness
Introduction to Health Ministry

Cancer is the second-leading cause of death among African Americans (heart disease is the first). Prostate cancer, colorectal cancer, lung cancer, and breast cancer are a few of the commonly diagnosed cancers in our community. To know that African Americans are more likely to die from cancer than people of any other racial ethnic group brings us to the question: Why is cancer awareness a critical issue for the church?

Churches play a vital role in the lives of African Americans. They provide a safe haven to the community, as well as a social structure for sharing information. African Americans turn to churches for comfort, knowledge, encouragement, and guidance. Therefore, churches are an excellent setting for community health education and cancer prevention and awareness programs. They have a genuine interest in the health of community members and the ability to link church members to resources in the community.

The church’s role in the fight against cancer can significantly improve the quality of life of its members. In Paul’s letter to the Romans, he urges believers to respect and appreciate their bodies: “I beseech you therefore, brethren, by the mercies of God, that you present your bodies a living sacrifice, holy, acceptable unto God, which is your reasonable service” (Romans 12:1).

Churches can lovingly encourage their members and the community at large to honor their bodies as their temples. Health ministries can help people understand the importance of eating wholesome foods, exercising regularly, having routine health screenings, and using the resources available to them through the American Cancer Society.

The Society developed this tool kit to provide health ministry leaders with practical and effective health education principles that work in harmony with their spiritual beliefs. This union of health awareness and spiritual awareness will help congregation members live in the fullness that God intended.

With this goal in mind, the American Cancer Society hopes that pastors will work together with health ministry leaders in their churches to promote programs and health-screening events that support healthy lifestyles. With this tool kit, churches can keep their members informed about the importance of cancer prevention and early detection and foster overall well-being in the African American community.

Starting a Health Ministry – A Step Approach

Churches and faith organizations have a vital role to play in encouraging and supporting congregational members to make healthy lifestyle choices. Just as they are instrumental in fostering spiritual wholeness, churches and faith organizations can also help congregants improve their physical health by teaching them about chronic disease prevention, early detection, and treatment.

A health ministry program helps members of the congregation address all aspects of health, including their spiritual, physical, and emotional health. By starting a health ministry, you can empower your fellow congregants to take charge of their health.

Step 1: Get Pastoral Support

Share your vision and plan for a health ministry with your pastor and demonstrate how it supports any existing ministries in the church. Although the pastor may not become actively involved in the implementation of the ministry, pastoral support is essential for a successful ministry. It also demonstrates the commitment of the church to the congregation’s well-being.

Identify ways in which the pastor can promote emotional healing and physical wholeness. Suggestions include providing time during worship service for “health moments,” creating links with other health-specific ministries; conducting Bible studies that focus on biblical concepts of health and wellness; and including health messages in the church bulletin once a month.

Step 2: Identify Ministry Members

- Who will be the key people to develop, implement, and maintain the health promotion programs of the ministry?
- Pray about your health ministry. Ask for guidance in recruiting key people who will be committed and faithful.
- Organize a small meeting of members who have expressed an interest in promoting health. These may be health care professionals or laypeople interested in health and well-being. If your church has a designated parish nurse or health leader, consult them for ideas.
- Place a notice in your church bulletin to recruit prospective members. Briefly describe the purpose of the ministry and member responsibilities.
Step 3: Needs Assessment

After you have recruited members, conduct an assessment of the health needs of your congregation. Identify resources that may be available to support your work. The American Cancer Society can provide you with sample assessments you can adapt for the needs of your church or faith organization.

The purpose of these assessments can vary, but include the following:

- Identify the health concerns and interests of members.
- Introduce or add ideas about health and wellness.
- Identify health activities or events and existing ministries within your church or faith organization.
- Identify available resources (such as meeting space and people) within your church and the larger community.

Step 4: Program Implementation

Once you have completed these steps, you will be ready to implement activities designed to meet the health needs of your congregation. First, you’ll want to create awareness within the congregation about the importance of healthy living. Consider having a kickoff celebration for the entire congregation.

Following are suggested activities that health ministries could hold on a regular basis:

- Conduct healthy cooking demonstrations. Encourage church members to exchange recipes that are healthy. Make nutritious food a regular part of church meal planning.
- Organize a walking club, weight loss club, or other fitness activity that fits into church activities.
- Have 20 minutes of light physical activity before Bible study or choir rehearsal. This is a good way to educate participants about the importance of muscle stretching and stress reduction.
- Host an annual health fair that invites local community-based organizations to set up information tables and provide educational materials.
- Organize monthly health and wellness chats to educate people on the importance of cancer prevention and early detection.
- Partner with health-related organizations to identify community programs and services that would support the mission of your ministry.
- Hold a “Lunch and Learn” event. Invite speakers to discuss health topics of interest.

Step 5: Evaluate

Evaluating your activities is important in determining your ministry’s next steps. Evaluation assists in long-term planning as well as in determining the short-term needs of your congregation. Evaluate your activities so you will know which were beneficial to the congregation. Health ministry leaders can also develop progress reports, which can be shared with the pastor and other key leaders within your organization. Identify which activities may not have been helpful. Sample evaluation tools that you can modify for your health ministry needs can be found in Section III of this tool kit.
Cancer Prevention and Early Detection

Message to the Health Ministry Leader

Health ministry leaders are a vital asset to the church. They are a resource for information and counsel regarding health matters to the church and surrounding community. The role of a health ministry leader is to advise the church and community in the development and implementation of health-related programs and activities. Additionally, they help promote a healthy lifestyle. Health ministry leaders have much work to do, but they are not alone!

The American Cancer Society has created the following curricula on prostate, breast, colorectal, and lung cancer to equip health ministry leaders with the knowledge, skills, and ability to educate their church and community members on cancer risks, symptoms, screenings, and treatment. These modules can be used to create literature such as stand-alone fact sheets, church bulletin inserts, or health awareness sermons. Additionally, each tool kit has a resource section on community programs sponsored by the Society that may enhance your cancer prevention and health programming.

Training programs are available for each of these modules through your local American Cancer Society office. To find your local office, call 1-800-227-2345 or visit cancer.org. The Society also offers free brochures on preventing, diagnosing, and treating different kinds of cancer. You can order these brochures by calling 1-800-227-2345.

Beloved, I wish above all things that you may prosper and be in health, even as your soul prospers (3 John 1:2).

Before You Start . . .

1. Read the lesson and focus on the points that you would like to emphasize during the session. Refer to the materials for each module before the session to get a general understanding of the materials and develop talking points.

2. Go online to find and print participant activity sheets and handouts.

3. Prepare support materials and supplies for each module.
Module 1: What Is Cancer?

Review the Objectives (Time frame: 10 minutes)

By the end of the session, participants will:
- Have a general understanding of cancer and cancer prevention.
- Understand the American Cancer Society’s recommendations for reducing the risk of cancer.

Worksheets/Handouts/Helpful Links
- Cancer Facts & Figures 2013 (cancer.org)
- Cancer Facts & Figures for African Americans 2013-2014 (cancer.org)
- Cancer Prevention & Early Detection Facts & Figures (cancer.org)

Materials/Resources
- Blackboard/chalk or dry erase board
- Pens or pencils
- Notepads or extra paper

Welcome the participants. Tell them that today’s module will focus on developing a clear understanding of cancer.

Overview
Open the session by discussing the following points:
- Cancer occurs when cells in a part of the body begin to grow out of control. Normal cells divide and grow in an orderly fashion, but cancer cells grow and crowd out normal cells. Although there are many kinds of cancer, they all have in common this rapid growth of cells.

Different kinds of cancer behave very differently. For example, lung cancer and breast cancer are very different diseases. They grow at different rates and respond to different treatments. That’s why people with cancer need treatment that is aimed at their kind of cancer.

Sometimes cancer cells break away from a tumor and spread to other parts of the body. They can settle in new places and form new tumors. This is called metastasis (meht-tas-tuh-sis). Cancer that has spread in this way is called metastatic (meht-tuh-stat-ick) cancer.

Even when cancer has spread to a new place in the body, it’s still named after the part of the body where it started. For example, if prostate cancer spreads to the bones, it’s called metastatic prostate cancer – not bone cancer. If breast cancer spreads to the lungs, it’s still breast cancer.

When cancer comes back in a person who appeared to be free of the disease after treatment, it is called a recurrence.

African Americans are much more likely to die from cancer than any other racial or ethnic group and are more likely than whites to be diagnosed with cancer at a more advanced stage, which makes it harder to treat.

You may find it helpful to copy the cancer points onto a PowerPoint slide so that the participants can follow along as you discuss them. You could also copy and paste them into a Microsoft Word document and pass them out to the participants. A detailed overview of cancer can be found on the American Cancer Society’s Web site at cancer.org.

Suggested Activities (Time frame: 25 minutes)

Activity 1 – In Search of the Truth
Pass out copies of Cancer Facts & Figures 2013 and Cancer Facts & Figures for African Americans 2013-2014. Ask participants to follow along as you make the following points listed on the handout:
- Rates of prostate cancer are 63% higher in African American men than in white men, and death rates are nearly 2½ times higher. In African American men, prostate cancer is the most common type cancer and the second leading cause of cancer death. An estimated 4,980 deaths from prostate cancer are expected to occur in African American men in 2013.
- Lung cancer rates are about 20% higher in African American men than in white men. It is the second most common cancer in African American men and women. Lung cancer kills more African Americans than any other race.
- Colorectal cancer rates are higher among African Americans than among whites, for both men and women. And although death rates from the disease have dropped, the decline has been greater among whites. Colorectal cancer is the third leading cause of cancer death among both African American men and women. An estimated 6,850 deaths from colon cancer are expected to occur among African Americans in 2013.
Breast cancer is the most common cancer among African American women, and the second leading cause of cancer death. An estimated 27,060 new cases are expected to occur in 2013. Breast cancer is less common among African American women than among white women—except in the case of women under 40. Young African American women have higher rates of the disease than young white women. Although African American women overall are less likely than white women to get breast cancer, they are more likely to die from it. An estimated 6,080 deaths from breast cancer are expected to occur in African American women in 2013.

Ask participants to discuss why there is a significant gap between the prevalence of cancer in African Americans and whites. The American Cancer Society suggests:

- Socioeconomic status is linked to cancer risk. People with lower socioeconomic status are more likely to take part in behaviors that increase cancer risk. For example, they are more likely to smoke, be less physically active, and have less access to fresh fruits and vegetables. They are also less likely to have access to health care. In the US, about 28% of African Americans compared to 10% of whites live below the federal poverty level.
- Lifestyle may also be a factor. Smoking is more common among African American men than among white men, which may help explain the differences in lung cancer cases and deaths. Being overweight or obese, which can raise the risk of many cancers, is more common in African American women than in white women. Overall, African Americans are less physically active than whites. Getting enough exercise can lower the risk of some cancers.

Activity 2 – Getting the Church Involved
Ask the participants if they are interested in forming a cancer awareness committee at the church. The committee can meet regularly to discuss how to educate congregants and the community about cancer prevention and early detection. The committee could host health fairs, walks, and health forums; and invite guest speakers to church events. They could create flyers to place in common areas within the church and community, and hand out fact sheets and other educational items. Ask the committee to brainstorm ways that they can bring cancer awareness to future church and community events. Designate a committee leader to formally write up the minutes from the session and present the ideas to the pastor or health ministry leader. Encourage the committee members to contact the American Cancer Society and other community organizations to assist with events as appropriate.

Reflections (Time frame: 10 minutes)
Ask participants to discuss any behavioral changes that they can make to reduce their risk of developing certain cancers. Ask the participants to discuss the possibility of:
- Exercising regularly
- Eating a healthy, well-balanced diet
- Quitting smoking or, even better, never starting
- Limiting alcohol use
- Getting regular cancer screenings
- Using sunscreen

Allow time for questions and comments about the topics discussed in the session today.

Additional Resources

What Is Cancer?
A brief overview of cancer, a group of more than 100 diseases in which cells in a part of the body begin to grow out of control. To order this information, please contact the American Cancer Society at 1-800-227-2345 or read it online at cancer.org.

Questions People Ask about Cancer
Here are answers to many of the common questions that people have about cancer. Please call the American Cancer Society at 1-800-227-2345 to have a copy sent to you. You can also read it online at cancer.org.

Cancer in Children
The American Cancer Society has a wide variety of information and resources about cancer in children. To learn more, please call the American Cancer Society at 1-800-227-2345. You can also learn more online at cancer.org.
CANCER PREVENTION AND EARLY DETECTION

Module 2: Prostate Cancer

Review the Objectives (Time Frame: 10 minutes)
By the end of the session, participants will be able to:
■ Define prostate cancer.
■ Know the risk factors, detection methods, and treatment options for prostate cancer.
■ Understand the American Cancer Society’s recommendations for the early detection of prostate cancer.
■ Understand what can be done to watch for and find prostate cancer early – while it is small and has not spread.

Worksheets/Handouts/Helpful Links
■ Photos of the prostate and surrounding areas of the body (cancer.gov/cancertopics/wyntk/prostate/page2)
■ Cancer Facts & Figures for African Americans 2013-2014 (cancer.org)
■ What You Should Know about Prostate Cancer Testing (booklet #2650.00)
■ Prostate Cancer Overview (cancer.org)

Materials/Resources
■ Blackboard/chalk or dry erase board
■ Pens or pencils
■ Notepads or extra paper
■ Internet access
■ Computer and video projector

Welcome the participants. Tell them that today’s module will focus on developing a clear understanding of prostate cancer.

Overview
Enlarge the image of the prostate and surrounding areas of the body, and, using a projector, project that image onto a screen or blank wall. Point out the location of the prostate on the image. Open the session by discussing the following points:
■ Prostate cancer is the most common cancer in American men, and it’s the second leading cause of cancer death.
■ The prostate gland is walnut-sized and is located in front of the rectum and under the bladder.
■ Most prostate cancers grow very slowly, but some grow very fast. When they spread, they can do so quickly.
■ African American men and Jamaican men of African descent have the highest prostate cancer incidence rates in the world.
■ It is estimated that 1 in 5 African American men will be diagnosed with prostate cancer in his lifetime.

You may find it helpful to copy the cancer points onto a PowerPoint slide so that the participants can follow along as you discuss them. You could also copy and paste the points into a Microsoft Word document and pass them out to the participants. More details about prostate cancer can be found on the American Cancer Society’s Web site at cancer.org.

Who is at risk?
■ Older men – Only men develop prostate cancer, typically those 50 and older. Nearly two-thirds of prostate cancers are diagnosed in men over 65.
■ African American men – Rates of prostate cancer are 63% higher in African American men than in white men, and death rates are nearly 2½ times higher. About 35,430 prostate cancer cases and 4,980 deaths are expected to occur in 2013, making this disease the most common type of cancer and the second leading cause of cancer death in African American men.

Other Risk Factors
■ Prostate cancer seems to run in some families, which suggests that in some cases there may be an inherited or genetic factor. Having a father or brother with prostate cancer more than doubles a man’s risk of developing the disease. The risk is much higher for men with several affected relatives, particularly if their relatives were young at the time the cancer was found.
Men who eat a lot of red meat or high-fat dairy products appear to have a slightly higher chance of getting prostate cancer. These men also tend to eat fewer fruits and vegetables. Doctors are not sure which of these factors is responsible for raising the risk.

Staying at a healthy weight, living a physically active lifestyle, and eating at least 2½ cups of a wide variety of fruits and vegetables may help decrease the risk of prostate cancer.

Because high levels of calcium may increase risk of prostate cancer, men should talk to their doctor before taking calcium supplements or any other vitamins or minerals.

Detection Methods
The American Cancer Society recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting information about the uncertainties, risks, and potential benefits of prostate cancer screening.

This discussion should take place starting at age 45 for men at high risk of developing prostate cancer. This includes African American men and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65). This discussion should take place at age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).

After this discussion, men who want to be screened should be tested with the prostate-specific antigen (PSA) blood test. The digital rectal exam (DRE) may also be done as a part of screening.

- Prostate-specific antigen (PSA) blood test – a blood test that looks for a protein that increases in the blood of some men with prostate cancer
- Digital rectal exam (DRE) – a test in which the doctor feels for abnormal areas on the prostate gland by putting a lubricated, gloved finger in the rectum

Assuming no prostate cancer is found as a result of screening, the time between future screenings depends on the results of the PSA blood test:
- Men who have a PSA less than 2.5 ng/ml may only need to be retested every 2 years.
- Screening should be done yearly for men whose PSA level is 2.5 ng/ml or higher.

Because prostate cancer often grows slowly, men without symptoms of prostate cancer who do not have a 10-year life expectancy should not be offered testing since they are not likely to benefit. Overall health status, and not age alone, is important when making decisions about screening.

Even after a decision about testing has been made, the discussion about the pros and cons of testing should be repeated as new information about the benefits and risks of testing becomes available. Further discussions are also needed to take into account changes in the patient’s health, values, and preferences.

Treatment
- Surgery. Removal of the prostate, called radical prostatectomy (pros-tuh-teck-toe-me), is the most commonly chosen surgical treatment if the cancer has not spread outside the gland.
- Radiation therapy. This treatment uses high-energy rays to shrink or kill cancer cells.
- Chemotherapy. This option uses anticancer drugs that attack cancer cells and normal cells. The drugs are usually given by injection or taken by mouth.
- Hormone therapy. This refers to treatment with hormones or drugs that interfere with hormone production or action. It may also refer to the surgical removal of glands that produce hormones.

What can you do about it?
- Talk to your doctor. Beginning at age 45, African American men should talk with their doctors about the pros and cons of prostate cancer testing, then decide whether testing is right for them.
- Know your history. Men who are at high risk for prostate cancer (those with more than one first-degree relative who had prostate cancer at a young age) should talk with their doctor beginning at age 40.
- Be aware of the symptoms and early signs. Most early cases of prostate cancer cause no symptoms, but some early signs may be:
  - Frequent urination, especially at night
  - Difficulty starting urination or inability to urinate
  - Weak or painful urination
Suggested Activities (Time frame: 25 minutes)

Activity 1 – The Truth Will Set You Free
Pass out Cancer Facts & Figures for African Americans 2013-2014, a notepad, and a pen to each participant. Ask participants to review the information on prostate cancer, beginning on page 14. Afterward, open the floor for general discussion on prostate cancer and prostate cancer prevention.

Activity 2 – Prevention through Intervention
Pass out the Prostate Cancer Overview, a notepad, and a pen to each participant and ask them to review it. Remind participants what they eat and drink, how they live, and where they work can affect their risk for cancer. Encourage them to read more about the risk factors. Write the most common risk factors on the board.
Ask participants to discuss realistic ways to minimize their risk of developing prostate cancer.

Activity 3 – Getting the Church Involved
In conjunction with National Prostate Cancer Awareness Month (September), ask the participants to form a prostate cancer awareness committee. They can develop a prostate cancer informational bulletin insert to be used at every service in September. Help the participants select important components of the prostate cancer materials to include in the insert and develop a timeline for the completion of the bulletin. Participants could also talk to the pastor about discussing prostate cancer during sermons. Contact a member of the congregation or community and ask them to address the congregation or submit a testimony of their experience with prostate cancer. Order free prostate cancer materials and display them throughout common areas during National Prostate Cancer Awareness Month. Talk with the church administration about creating a cancer support group to help those in the congregation and community deal with cancer on a more personal level.

Activity 4 – Let’s Make a Change
Ask the participants to discuss how they feel about the rates of prostate cancer among African Americans. Ask them to discuss ways that African Americans within the church and community can make immediate and long-term changes to help reduce the number of new cases of prostate cancer.

Reflections (Time frame: 10 minutes)
Ask participants to discuss any behavioral changes they have made since the last session that may reduce their risk of cancer. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? As you listen to the answers, ask other participants if they have suggestions to overcome barriers. If participants do not offer suggestions, share your own.

Allow time for questions and comments about the topics discussed in the session today.

Where can I get additional information?
National Cancer Institute
Toll-free number: 1-800-4-CANCER or 1-800-422-6237
Web site: cancer.gov

Prostate Cancer Foundation
Toll-free number: 1-800-757-CURE or 1-800-757-2873
Web site: pcf.org

How can I get involved?
The American Cancer Society has resources to help educate your congregation on the importance of prostate cancer screenings. During National Prostate Cancer Awareness Month (September) consider sharing health tips and prostate cancer information during your worship service. Contact the American Cancer Society for resources and information at 1-800-227-2345 or visit cancer.org
CANCER PREVENTION AND EARLY DETECTION

Module 3: Lung Cancer

Review the Objectives (Time Frame: 10 minutes)
By the end of the session, participants will be able to:
■ Define lung cancer.
■ Know the risk factors, detection methods, and treatment options for lung cancer.
■ Understand the American Cancer Society’s guidelines for lung cancer screening.
■ Understand how to take preventive steps to help reduce the risk of developing lung cancer.

Worksheets/Handouts/Helpful Links
■ Child and Teen Tobacco Use guide (cancer.org)
■ Questions About Smoking, Tobacco, and Health (cancer.org)
■ Tobacco-related Cancers Fact Sheet (cancer.org)

Materials/Resources
■ Blackboard/chalk or dry erase board
■ Pens or pencils
■ Notepads or extra paper

Welcome the participants. Tell them that today’s module will focus on developing a clear understanding of lung cancer.

Overview
Open the session by discussing the following points:
■ Lung cancer is the leading cause of cancer death for men and women in the US.
■ It is also the most preventable form of cancer: smoking is by far the most important risk factor for lung cancer, and risk increases with both quantity and duration of smoking.
■ There are two major types of lung cancer: non-small cell lung cancer and small cell lung cancer.
■ In 2013, an estimated 228,190 new cases of lung cancer are expected to occur, and there will be 159,480 deaths caused by the disease.
■ Lung cancer rates are about 20% higher among African American men than white men, and 11% lower in African American women than in white women. It is estimated that lung cancer will claim an estimated 16,260 African Americans lives in 2013, making it the leading cancer killer of African Americans.

You may find it helpful to copy the cancer points onto a PowerPoint slide so that the participants can follow along as you discuss them. You could also copy and paste the points into a Microsoft Word document and pass them out to the participants. More details about lung cancer can be found on the American Cancer Society’s Web site at cancer.org.

Who is at risk?
■ Smokers – Tobacco use is by far the greatest risk factor for lung cancer. The longer a person uses tobacco and the more they smoke, the greater their risk. If a person quits before cancer develops, the damaged lung tissue gradually improves.
■ Non-smokers who breathe secondhand smoke
■ People exposed to asbestos, radon, or other cancer-causing agents, especially in the workplace. If these people also smoke, their risk is greatly increased.
■ People exposed to air pollution may have a slightly increased risk of lung cancer.
■ People who have had radiation therapy to the chest for other cancers are at higher risk for lung cancer, particularly if they smoke (for example, people who have been treated for Hodgkin disease or women who get radiation after a mastectomy for breast cancer).
Detection Methods
Recently, research has shown that a low-dose CT (LDCT) of the chest (which uses lower amounts of radiation than a standard chest CT and does not require the use contrast dye) can help lower the risk of dying from this disease, and the American Cancer Society issued these guidelines:

Talk to your doctor about your smoking history. If you fit all of the criteria for lung cancer screening listed below, you and your doctor should talk about starting screening. Your doctor will talk to you about what you can expect from screening, including possible benefits and harms, as well as the limitations of screening.

- 55 to 74 years old
- In fairly good health (For example, you need to be able to have surgery and other treatments to try to cure lung cancer if it is found.)
- Have at least a 30 pack-year smoking history (A pack-year is the number of cigarette packs smoked each day multiplied by the number of years a person has smoked. Someone who smoked a pack of cigarettes per day for 30 years has a 30 pack-year smoking history, as does someone who smoked 2 packs a day for 10 years and then a pack a day for another 10 years.)
- Are either still smoking or have quit smoking within the past 15 years

Doctors should talk to these patients about the benefits, limitations, and potential harms of lung cancer screening. Screening should only be done at facilities that have the right type of CT scan and that have a great deal of experience in LDCT scans for lung cancer screening. The facility should also have a team of specialists that can provide the appropriate care and follow-up of patients with abnormal results on the scans.

The main benefit of screening in this group of people is a lower chance of dying of lung cancer. Still, it’s important to be aware that, like with any type of screening, not everyone who gets screened will benefit. Screening with LDCT will not find all lung cancers, and not all of the cancers that are found will be found early. Even if a cancer is found by screening, you may still die from lung cancer. Also, LDCT often finds things that turn out not to be cancer, but have to be checked out with more tests to know what they are. This can mean more CT scans, or even invasive tests such as a lung biopsy, in which a piece of lung tissue is removed with a needle or in surgery.

At this time, government and private insurance programs are not likely to provide coverage for an LDCT done for lung cancer screening.

If you and your doctor decide that you should be screened, you should get an LDCT every year until you reach the age of 74, as long as you remain in good health.

If you are a current smoker, you should receive counseling about stopping. You should be told about your risk of lung cancer and referred to a smoking cessation program. Screening is not a good alternative to stopping smoking. For help quitting smoking, call the American Cancer Society at 1-800-227-2345.

Treatment
Surgery to remove tumors, chemotherapy, and radiation, in combination or alone, are common treatments for lung cancer.

- Surgery – Cancerous tissue is removed.
- Radiation therapy – This treatment uses high-energy rays to shrink or kill cancer cells.
- Chemotherapy – This option uses anti-cancer drugs that attack both cancer cells and normal cells. The drugs are usually given by injection or taken by mouth.

What can you do about it?

- Stop smoking, or don’t start at all. This is by far the best way to prevent lung cancer.
- Avoid secondhand tobacco smoke.
- Eat a healthy, balanced diet with at least 2½ cups of fruits and vegetables every day.
- Take protective measures against cancer-causing chemicals at work.
- Monitor indoor radon levels, especially in your home.
- Be aware of the symptoms and early signs of lung cancer:
  - Cough that does not go away and gets worse
  - Chest pain
  - Shortness of breath, wheezing, or hoarseness

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37 Lung Cancer
• Weight loss
• Loss of appetite
• Coughing up blood
• Fever without a known reason
• Repeated pneumonia or bronchitis

These are also warning signs of other, less serious illnesses, but if they appear, see a doctor.

Suggested Activities (Time frame: 25 minutes)

Activity 1 – Helping Our Kids
Each day, nearly 4,000 kids under the age of 18 try their first cigarette and another 1,000 become regular, daily smokers. About one-third of these kids will die prematurely from a smoking-related disease.

On top of that, about 1 in 8 high school boys use some form of spit or other type of smokeless tobacco. Among high school girls, more than 2% use spit or smokeless tobacco.

Pass out the *Child and Teen Tobacco Use* guide and ask participants to review the information. Discuss the prevalence of tobacco use and the many different types of tobacco products available to children. Facilitate a discussion on children and tobacco products and what parents, grandparents, and mentors can do to keep kids from starting or to help them stop.

Activity 2 – Knowledge is Power
Pass out the *Questions About Smoking, Tobacco, and Health* fact sheet, and ask participants to review the information. Discuss key points on how smoking and tobacco can affect a person’s health, including the heart, circulation, and lungs; its effect on fetal development; and how it affects the development of cancer and other diseases.

Activity 3 – Prevention through Intervention
Pass out the *Tobacco-related Cancers Fact Sheet*, a notepad, and a pen to each participant and ask them to review the information. Remind them that what they eat and drink, how they live, and where they work can affect their risk for cancer. Encourage the participants to read more about the risk factors. Write the most common risk factors on the board. Ask participants to discuss realistic ways to minimize their risk of developing lung cancer.

Reflections (Time frame: 10 minutes)
Ask participants to discuss any behavioral changes they have made since the last session that may reduce their risk of cancer. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? As you listen to the answers, ask other participants if they have suggestions to overcome barriers. If participants do not offer suggestions, offer your own.

Allow time for questions and comments about the topics discussed in the session today.

Where can I get additional information?

**National Cancer Institute Cancer Information Service**
Toll-free number: 1-800-4-CANCER (1-800-422-6237)
Web site: cancer.gov

**Lung Cancer Alliance**
Toll-free number: 1-800-298-2436
Web site: lungcanceralliance.org

**American Lung Association**
Toll-free number: 1-800-LUNGUSA (1-800-586-4872)
Web site: lung.org

**American Heart Association**
Toll-free number: 1-800-AHA-USA1 (1-800-242-8721)
Web site: heart.org
How can I get involved?

American Cancer Society Great American Smokeout
Every year, smokers across the nation take part in the American Cancer Society Great American Smokeout by smoking less or quitting for the day on the third Thursday of every November. The event challenges people to stop using tobacco and raises awareness of the many effective ways to quit for good. Contact the American Cancer Society at 1-800-227-2345 or visit cancer.org for more information.

CANCER PREVENTION AND EARLY DETECTION
Module 4: Colorectal Cancer

Review the Objectives (Time frame: 10 minutes).
By the end of the session, participants will be able to:
- Define colorectal cancer.
- Know the risk factors, detection methods, and treatment options for colorectal cancer.
- Understand the American Cancer Society’s recommendations for colorectal cancer early detection.
- Understand what they can do to help reduce the risk of developing colorectal cancer.

Worksheets/Handouts/Helpful Links
- Prevention Checklist for Men and Prevention Checklist for Women (cancer.org)
- Colon Cancer Risk Factors – What You Need to Know video (cancer.org)
- All Jokes Aside video featuring Steve Harvey (http://tinyurl.com/oh3syq)
- Five Myths About Colorectal Cancer fact sheet (cancer.org)

Materials/Resources
- Blackboard/chalk or dry erase board
- Pens or pencils
- Notepads or extra paper
- Internet access
- Computer and video projector

Welcome the participants. Tell them that today’s module will focus on developing a clear understanding of colorectal cancer.
Overview
Open the session by discussing the following points:
■ Colorectal cancer is the third most common cancer in American men and women.
■ It begins in either the colon or rectum, which are both part of the digestive system (where food is processed in the body).
■ Colorectal cancer rates are higher among African Americans than among whites, for both men and women. And although death rates from the disease have dropped, the decline has been greater among whites.
■ Colorectal cancer is the third leading cause of cancer death among African American men and women. An estimated 6,850 deaths from colorectal cancer are expected to occur among African Americans in 2013.
You may find it helpful to copy the cancer points onto a PowerPoint slide so that participants can follow along as you discuss them. You could also copy and paste the points into a Microsoft Word document and pass them out to the participants. More details about colorectal cancer can be found on the American Cancer Society’s Web site at cancer.org.

Who is at risk?
■ People 50 years of age and older – 90% of colorectal cancers are diagnosed in this age group.
■ African Americans – We have the highest rates of colorectal cancer of all racial or ethnic groups in the United States.
■ People with a personal history of colorectal polyps, previously treated colorectal cancer, or inflammatory bowel disease
■ Physically inactive people
■ Those whose diets are high in red and processed meats and low in fruits and vegetables
■ People who are overweight or obese
■ Smokers
■ People who are heavy alcohol drinkers
■ Having a family history of colorectal cancers, certain other cancers, and benign colon polyps
■ People with type 2 diabetes

Detection Methods
Colorectal cancers can almost always be cured if detected early. Here are the American Cancer Society recommendations for colorectal cancer early detection. Beginning at age 50, both men and women at average risk for developing colorectal cancer should use one of these screening tests:

Tests that find polyps and cancer:
■ Flexible sigmoidoscopy every 5 years*
■ Colonoscopy every 10 years
■ Double-contrast barium enema every 5 years*
■ CT colography (virtual colonoscopy) every 5 years*

Tests that mainly find cancer:
■ Yearly fecal occult blood test (FOBT)**
■ Yearly fecal immunochemical test (FIT)**

*If the test is positive, a colonoscopy should be done.
**If FOBT or FIT is used as a screening test, the take-home multiple sample method should be used. An FOBT or FIT done during a digital rectal exam in the doctor’s office is not adequate for screening.

People at increased or high risk:
If you are at an increased or high risk of colorectal cancer, you should begin colorectal cancer screening before the age of 50 and/or be screened more often. The following conditions put you at higher than average risk:
■ A personal history of colorectal cancer or adenomatous polyps
■ A personal history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease)
■ A strong family history of colorectal cancer or polyps
■ A known family history of a hereditary colorectal cancer syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colon cancer (HNPCC)
Treatment
- Surgery – This is the main treatment for colorectal cancer. Usually the cancer and a length of normal colon on either side of the cancer (as well as nearby lymph nodes) are removed.
- Radiation therapy – This treatment uses high-energy rays to shrink or kill cancer cells.
- Chemotherapy – This option uses anticancer drugs that attack cancer cells and normal cells. The drugs are usually given by injection or taken by mouth.

What can you do about it?
- Get screened. Early detection can help find and remove pre-cancerous polyps so they cannot develop into cancer.
- Stay at a healthy weight throughout life.
- Adopt a physically active lifestyle.
- Consume a healthy diet, with an emphasis on fruits and vegetables.
- Limit your alcohol intake.
- Be aware of the symptoms and signs of colorectal cancer:
  - Rectal bleeding
  - Blood in stool
  - Change in bowel habits
  - Cramping pain in the lower abdomen (belly)
  - Weakness and tiredness
  - Unintended weight loss

These are also warning signs of other, less serious illnesses, but if they appear, discuss them with a doctor.

Suggested Activities (Time frame: 25 minutes)
Activity 1 – In Search of the Truth
Emphasize the importance of not just being well informed, but taking action!

Pass out Prevention Checklist for Men, Prevention Checklist for Women, and Five Myths About Colon Cancer. Ask participants to follow along as you summarize each section.

Activity 2 – Empowerment through Prevention
Watch the video Colon Cancer Risk Factors – What You Need to Know. Afterward, ask participants to review the information. Remind them that what they eat and drink, how they live, and where they work can affect their risk for developing cancer. Encourage participants to learn more about the risk factors. Write the most common risk factors on the board. Ask participants to discuss realistic ways to minimize their risk of developing colorectal cancer.

Activity 3 – Getting the Church Involved
Talk with the church administration about creating a cancer support group to help those in the congregation and community deal with cancer on a more personal level.

Reflections (Time frame: 10 minutes)
Ask participants to discuss any behavioral changes they have made since the last session that may help reduce their risk of cancer. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? As you listen to the answers, ask other participants if they have suggestions to overcome barriers. If participants do not offer suggestions, share your own.

Allow time for questions and comments about the topics discussed in the session today.

Where can I get additional information?
National Cancer Institute
Toll-free number: 1-800-4-CANCER (1-800-422-6237)
Web site: cancer.gov

Fight Colorectal Cancer
Toll-free number: 1-877-427-2111
Web site: fightcolorectalcancer.org
Colon Cancer Alliance
Toll-free number: 1-877-422-2030
Web site: ccalliance.org

National Colorectal Cancer Roundtable
Web site: nccrt.org

How can I get involved?
The American Cancer Society has resources to help educate your congregation on the importance of colon cancer screenings. During National Colorectal Cancer Awareness Month (March) consider sharing health tips and colon cancer information during your worship service. Contact the American Cancer Society for resources and information at 1-800-227-2345 or visit cancer.org.

CANCER PREVENTION AND EARLY DETECTION
Module 5: Breast Cancer

Review the Objectives (Time frame: 10 minutes)
By the end of the session, participants will be able to:
■ Define breast cancer.
■ Know the risk factors, detection methods, and treatment options for breast cancer.
■ Understand the American Cancer Society’s recommendations for the early detection of breast cancer.
■ Understand what can be done to watch for and find breast cancer early – while it is small and has not spread.

Worksheets/Handouts/Helpful Links
■ Breast Cancer Facts & Figures 2013-2014 (cancer.org)
■ ABCs of Breast Health
■ Cancer Facts for Women (cancer.org)
■ How to Check Your Breasts
■ Breast Cancer: Early Detection (cancer.org)

Materials/Resources
■ Blackboard/chalk or dry erase board
■ Pens or pencils
■ Notepads or extra paper

Welcome the participants. Tell them that today’s module will focus on developing a clear understanding of breast cancer.
Overview
Open the session by discussing the following points:
- Breast cancer is a cancer that starts in the cells of the breast.
- Most breast lumps are not cancer.
- Early detection is important because the cancer can spread if it is not treated at its earliest stages (when it is small and still found only in the breast).
- Breast cancer is less common in African American women than in white women, except in the case of women under 45. Young African American women have higher rates of the disease than young white women. But even though African American women overall are less likely to get breast cancer, they are more likely to die from it.
- Breast cancer is the most common cancer among African American women.
- An estimated 6,080 deaths from breast cancer are expected to occur among African American women in 2013.

You may find it helpful to copy the breast cancer points onto a PowerPoint slide so that the participants can follow along as you discuss them. You could also copy and paste the points into a Microsoft Word document and pass them out to the participants. More information on breast cancer can be found on the American Cancer Society’s Web site at cancer.org.

Who is at risk?
- Women – Breast cancer is about 100 times more common in women than in men. But it does occur in men.
- Older women – Most women with breast cancer are diagnosed at the age of 55 or older.
- Women who have had breast cancer in the past
- Those having a mother, sister, or daughter with breast cancer
- Women with dense breast tissue as seen on a mammogram
- Those who have never had children or who had their first child after the age of 30
- Women who started their monthly periods before the age of 12
- Women who started menopause after the age of 55
- Lifetime exposure to reproductive hormones like estrogen may increase the risk.
- Women who take combined hormone replacement therapy after menopause (risk returns to average within 5 years of stopping hormone therapy)
- Women who drink alcohol, especially two or more drinks a day
- Women who are overweight or obese
- Physically inactive women
- Women who had radiation treatments to the chest area for another cancer as a child or young adult

Detection Methods
Nearly all breast cancers can be successfully treated if found early. Early detection methods include:
- Annual mammograms starting at age 40. A mammogram is the best method for detecting breast cancer because it often can show cancer before physical symptoms develop.
- Clinical breast exams by a doctor or nurse every 3 years starting in their 20s and 30s and then every year after age 40.
- Monthly breast self-exams are an option for women beginning in their 20s.
**Treatment**

Often two or more treatment methods are used. Patients should thoroughly discuss treatment with their doctors and understand their options.

- **Breast conservation surgery** – This surgery removes only the tumor and surrounding tissue.
- **Mastectomy** – This surgery removes the breast.
- **Chemotherapy** – This treatment uses anticancer drugs that attack cancer cells and normal cells. The drugs are usually given by injection or taken by mouth.
- **Hormone therapy** – This option refers to treatment with hormones or drugs that interfere with hormones to change cancer cell growth.
- **Targeted therapy** – This option uses substances that find cancer cells and bind to them. It can be used to deliver drugs, toxins, or radioactive material directly to tumor cells.
- **Radiation therapy** – This treatment uses high-energy rays to shrink or kill cancer cells.

**What can you do about it?**

- Get a mammogram every year starting at age 40.
- Get a clinical breast exam by a health professional:
  - Every three years if you are 20 to 39
  - Every year if you are age 40 or older
- Make sure you tell your doctor about any family history of breast cancer.
- Women at a very high risk should start screening at age 30 with MRI as well as mammograms. Talk to a doctor about your risk for breast cancer.
- Stay at a healthy weight throughout life.
- Adopt a physically active lifestyle.
- Limit your alcohol intake.
- Be aware of the symptoms and early signs:
  - The most common sign of breast cancer is a new lump or mass.
  - Generalized swelling of part of a breast (even if no distinct lump is felt)
  - Skin irritation or dimpling
  - Nipple pain or retraction (turning inward)
  - Redness or scaliness of the nipple or breast skin
  - Discharge other than breast milk

**Suggested Activities (Time frame: 25 minutes)**

**Activity 1 – Helping Ourselves So We Can Help Others**

Pass out **ABCs of Breast Health**. Review the key points, emphasizing the causes, risk factors, prevention, and treatment information.

**Activity 2 – Prevention and Early Detection Are Key**

Pass out **Breast Cancer: Early Detection**, a notepad, and a pen to each participant. Ask participants to review the information. Discuss the common questions and answers about mammograms, and ask them to discuss ways to increase annual screenings among African American women. Ask participants to think of ways to encourage their family members, friends, congregation, and community to get regular mammograms.

Remind participants that what they eat and drink, how they live, and where they work can affect their risk for cancer. Encourage them to read more about the risk factors. Write the most common risk factors on the board. Ask participants to discuss realistic ways to minimize their risks for developing breast cancer.

**Activity 3 – Getting the Church Involved**

Form a committee to work with the pastor and church ministerial staff to adopt Pink Ribbon Sunday. The Food and Drug Administration (FDA), the American Cancer Society, and the Centers for Disease Control and Prevention (CDC) developed Pink Ribbon Sunday to recognize National Breast Cancer Awareness Month (October). The program encourages minority churches to educate their congregations about mammograms as a way to find breast cancer early. Churches can develop their own activities, from hosting inspirational guest speakers, to setting up table displays and providing educational materials. More Pink Ribbon Sunday information and materials can be found on the FDA’s Web site at fda.gov.
Reflections (Time frame: 10 minutes)
Ask participants to discuss any behavioral changes they have made since the last session that may help reduce their risk of cancer. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? Ask other participants if they have suggestions to overcome barriers. If participants do not offer suggestions, offer your own.

Allow time for questions and comments about the topics discussed in the session today.

Where can I get additional information?
National Breast Cancer Coalition
Toll-free number: 1-800-622-2838
Web site: breastcancerdeadline2020.org

National Cancer Institute (NCI)
Toll-free number: 1-800-4-CANCER (1-800-422-6237)
Web site: cancer.gov

Sisters Network, Inc.
Toll-free number: 1-866-781-1808
Web site: sistersnetworkinc.org

The National Breast and Cervical Cancer Early Detection Program provides free or low-cost breast cancer early detection testing to women who don’t have health insurance. To learn more about this program and services near you, please contact the Centers for Disease Control and Prevention at 1-800-CDC-INFO (1-800-232-4636) or online at cdc.gov/cancer/nbcedp.

How can I get involved?
Reach To Recovery®
Through the American Cancer Society Reach To Recovery program, trained breast cancer survivor volunteers provide one-on-one support, information, and resource referrals to people facing breast cancer. Patients are matched with a volunteer who has had a similar breast cancer experience as well as other similar characteristics. Contact the American Cancer Society at 1-800-227-2345 or online at cancer.org for more information.

Making Strides Against Breast Cancer®
The American Cancer Society Making Strides Against Cancer is a powerful and inspiring event that unites communities across the country. The events are used to honor those who have battled breast cancer; raise awareness about the disease; and raise funds to help the Society fight breast cancer through research, information, services, and access to mammograms for all women. For more information, call the American Cancer Society at 1-800-227-2345 or visit MakingStridesWalk.org.
Healthy Eating for Healthy Lives: Nutrition Training Curricula for Health Ministry Leaders

This curriculum is a flexible nutrition health education program. The lesson objectives, key messages, and discussion topics can be presented in one session or in separate sessions.

The curriculum is divided into 10 modules:
- Module 1: Dietary Guidelines for Americans
- Module 2: Physical Guidelines for Americans
- Module 3: Being Overweight or Obese
- Module 4: Fruits and Vegetables
- Module 5: Grains
- Module 6: Meats and Beans
- Module 7: Fats
- Module 8: Dairy Products
- Module 9: Food Labels and Food Portions
- Module 10: Nutrition and Cancer

Each learning module begins by identifying practical skills or important information that individuals will learn by participating in module discussions and activities. This is followed by links to handouts and worksheets that will aid the leader in suggested activities and discussions. Prior to presenting the suggested activities, health ministry leaders can read information that will help them introduce key themes to participants and begin a discussion. Modules 5-8 take a closer look at four health issues crucial to African Americans: diabetes, heart disease, high cholesterol, and lactose intolerance.

Before You Start...

1. Read the lesson and focus on points that you would like to emphasize during the session.
2. Find and make copies of participant activity sheets and handouts.
3. Prepare support materials and supplies for each module.
Module 1: Dietary Guidelines for Americans

Objectives (Time Frame: 10 minutes)
By the end of the module participants will be able to:

■ Identify the type and amount of food from each food group that they should eat to be healthy.

Worksheets/Handouts/Helpful Links

■ Let’s Eat for the Health of It (choosemyplate.gov/food-groups/downloads/MyPlate/DG2010Brochure.pdf)
■ Choose MyPlate – 10 Tips to a Great Plate (choosemyplate.gov/food-groups/downloads/TenTips/DGTipsheet1ChooseMyPlate.pdf)
■ Use SuperTracker Your Way – 10 Tips to Get Started (choosemyplate.gov/food-groups/downloads/TenTips/DGTipsheet17SuperTracker.pdf)

Materials/Resources

■ Blackboard/chalk or dry erase board
■ Pens or pencils
■ Notepads or extra paper
■ Computer and Internet access

Welcome the participants. Tell them that today’s module will focus on the Dietary Guidelines for Americans.

Discussion (Time Frame: 15 minutes)
The US Department of Health & Human Services and the US Department of Agriculture (USDA) jointly released Dietary Guidelines for Americans in January 2010. These guidelines for nutritious eating and physical activity promote health and reduce the risk of chronic disease.

Following the release of the new dietary guidelines, the USDA introduced MyPlate, a food guidance system that helps people understand the food groups and gives a visual representation of the proportion that each should provide in meals and snacks. You can get a detailed explanation of MyPlate at chooosemyplate.gov and link to the 10 Tips Nutrition Education Series, which has one-page handouts on a variety of different topics related to this curriculum.

Inform participants that MyPlate will be used throughout the session. Encourage them to use the tool outside of class, too.

Ask participants to turn to the Build a Healthy Plate in the Let’s Eat for the Health of It handout as you point out key recommendations listed on the handout.

Suggested Activities (Time Frame: 25 minutes)

Activity 1: MyPlate Exercise
Pass out a notepad and a pen to each participant. Ask participants to write down everything that they ate or drank the day before, including the quantities and ingredients (if known) of each item. After they’ve finished, ask participants to identify the food group that each food choice falls under and estimate the serving size of each food item eaten.

Activity 2: MyPlate Activity (if you have Internet access)
One size doesn’t fit all. You can use the MyPlate SuperTracker to help you choose the type of foods to eat and the amounts that are right for you. You may want to pass out the Use SuperTracker Your Way handout. Follow these steps:
1. Go to chooosemyplate.gov.
2. Click on SuperTracker.
3. If you do not want to register, you can click on “general plan,” but registering will enable you to enter your age, gender, and activity level, and get information and tips that are personalized to you.
4. You can then track what you eat and drink, your activity level, set personal goals, and receive reports that can help you stay on track to reach those goals.

Activity 3: Food Record
Ask participants to write down everything that they eat or drink for the next three days. In addition, ask them to think about the following questions:

■ Why am I eating or drinking this?
■ What time is it that I am eating or drinking things?
■ Who was with me?
■ Was I doing anything else while I was eating/drinkning?
■ Am I hungry, bored, stressed, or depressed?
■ Did I choose this meal based solely on economic reasons?
■ Did I make the healthiest choice possible? If not, what would be a healthier choice?

Reflections (Time Frame: 10 minutes)
Ask participants to discuss any nutrition and physical activity tips or behavioral changes that they have made since the last session. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? As you listen to the answers, ask other participants if they have suggestions to overcome barriers. If participants do not offer suggestions, share your own.

Allow time for questions and comments about the topics discussed in the session today.
Welcome the participants. Tell them that today’s module will focus on the Physical Activity Guidelines for Americans.

Discussion (Time Frame: 15 minutes)

For the first time ever, the US Department of Health & Human Services published Physical Activity Guidelines for Americans in 2008. These guidelines stress the importance of physical activity for all Americans to promote physical health and emotional well-being; reduce the risk of chronic diseases including cancer; and help them get to and stay at a healthy weight. Physical activity may help participants control their weight by using excess calories that would otherwise be stored as fat. Most foods and many beverages contain calories, and everything we do uses calories. This includes sleeping, breathing, digesting food, and, of course, moving around.

Before starting the discussion, define physical activity to make sure that everyone clearly understands the recommendations (at least 150 minutes of moderate physical activity per week, or 75 minutes of vigorous activity, or a combination of these). Physical activity is any form of exercise or movement, including planned activity such as walking, running, basketball, or other sports. It also includes other daily activities such as household chores, yard work, and walking the dog.

The following are American Cancer Society recommendations for physical activity. Read them aloud, and ask for comments from the participants.

- In order to reduce the risk of disease as we age, we should do at least 150 minutes of moderate-intensity physical activity or 75 minutes of vigorous-intensity activity, above our usual activity at work or home, each week.

- No matter how active you are throughout the day, it’s also important to limit the amount of time you spend sitting.

- People who sit a lot throughout the day tend to have higher rates of obesity, diabetes, heart disease, and certain cancers.

- To help manage body weight and prevent gradual weight gain, we should engage in moderate to vigorous activity on most days of the week while limiting our intake of high-calorie foods and drinks.

- We should try to stay as lean as possible (without being underweight) and avoid excessive weight gain at all ages.

- No matter how active you are, it’s also important to limit the amount of time you spend sitting.

- Regular physical activity is associated with a healthier, longer life. Physically active people have a lower risk of heart disease, high blood pressure, diabetes, obesity, and some types of cancer. Despite all the benefits of physical activity, research indicates that a large portion of African Americans do not exercise enough. What barriers do you face when trying to bring physical activity into your lifestyle? Write the barriers on the board as participants call them out.

Ask participants what solutions can be found to address the barriers. Write the solutions on the board. Encourage participants to take notes and use the solutions listed to help them overcome their personal barriers to adopting a lifestyle that incorporates regular physical activity.

Suggested Activities (Time Frame: 25 minutes)

Activity 1: Tips to Help You Get Active

Pass out the Fitting in Fitness and/or Tips to Help You Get Active publications. Ask the group to brainstorm barriers and solutions to increasing physical activity, and then set realistic goals based on the guidelines. Do not pressure participants to meet the goals immediately. Emphasize that they need to make improvements gradually. Discuss the barriers listed in the publications. Do any participants share similar barriers? Can the solutions listed help the participants to meet the goals immediately. Emphasize that they need to make improvements gradually. Discuss the solutions on the board. Encourage participants to take notes and use the solutions listed to help them overcome their personal barriers to adopting a lifestyle that incorporates regular physical activity.

Activity 2: Walking Groups

Announce ahead of time that participants should come to class ready to work out (if their health permits this). They should wear athletic shoes and loose-fitting clothing. If weather permits, complete this activity outdoors, perhaps in the church parking lot or at local high school track. Review the walking and stretching guidelines from the brochure Walking ... A Step in the Right Direction. Map out a certain route or distance (for example, one mile or four laps) and have participants walk at moderate intensity the entire distance. After the walk, ask them to discuss their feelings about exercising. Discuss the option of forming walking groups or other exercise groups.

To sum it up:

- Calories in Food > Calories Used = Weight Gain
- Calories in Food < Calories Used = Weight Loss
- Calories in Food = Calories Used = Weight Control

Regular physical activity is associated with a healthier, longer life. Physically active people have a lower risk of heart disease, high blood pressure, diabetes, obesity, and some types of cancer. Despite all the benefits of physical activity, research indicates that a large portion of African Americans do not exercise enough. What barriers do you face when trying to bring physical activity into your lifestyle? Write the barriers on the board as participants call them out.

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Ask participants what solutions can be found to address the barriers. Write the solutions on the board. Encourage participants to take notes and use the solutions listed to help them overcome their personal barriers to adopting a lifestyle that incorporates regular physical activity.
Activity 3: Creating Physical Activity Goals
For many Americans, the term “exercise” brings up negative images and emotions, so ask participants to discuss the positive aspects of beginning an exercise program, such as enjoying the benefits of a regularly active lifestyle that includes a variety of moderate-intensity or vigorous activities.

Ask participants to set personal physical activity goals, and encourage them to keep an exercise log or diary to track their progress and successes. Suggest that participants make the goals SMART. A SMART goal is Specific, Measurable, Attainable, Realistic, and Timely. An example of a SMART goal is:

I will walk for 20 minutes three times a week during lunch. I will walk with my family after dinner at least once a week for 30 minutes. I will do this for three weeks and then see if I can increase the number of days, the amount of time, and/or the intensity of the activity.

Reflections (Time Frame: 10 minutes)
Ask participants to discuss any nutrition and physical activity tips or behavioral changes that they have made since the last session. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? As you listen to the answers, ask others if they have suggestions to overcome barriers. If participants do not offer suggestions, share your own.

Allow time for questions and comments about the topics discussed in the session today.
Welcome the participants and explain that today’s module will focus on weight.

**Discussion (Time frame: 15 minutes)**

One-half of all African American adults are considered obese (BMI >30), and 77% of African American adults are considered overweight (BMI >25). African American women and girls have some of the highest rates of being overweight or obese compared with women of other races in the United States.

It has been estimated that 14% to 20% of all cancer deaths in the US can be attributed to overweight and obesity. Increasing evidence also suggests that being overweight increases the risk that cancer will come back after treatment and decreases the likelihood of survival for several cancers.

One of the tools used to determine whether someone is overweight or obese is the body mass index (BMI). While not a perfect tool, for the majority of us, measuring our BMI can give us a good indication of whether our weight is putting our health at risk. People with a BMI of 18.5 to 24.9 are considered to be at a healthy weight. Those with a BMI of 25 to 29.9 are considered to be overweight, and those with a BMI of 30 and above are considered obese. Having a BMI of 25 or more places a person at risk for early death and disability. These health risks increase as BMI rises.

Where your body stores extra weight is also important. Carrying extra weight around the waist or middle (a waist larger than 35 inches for women, 40 inches for men) raises health risks more than carrying extra weight around the hips or thighs. These health risks include heart disease, diabetes, and cancer. If you are overweight or obese, losing weight can lower your risk for many diseases.

Why is carrying excess weight unhealthy? Being overweight or obese increases your risk for heart disease, type 2 diabetes, high blood pressure, stroke, breathing problems, arthritis, gallbladder disease, breathing problems while sleeping, osteoarthritis, and many types of cancer.

The advantages of losing weight are:

- Reduced risk of diabetes, cardiovascular disease, and cancer
- Reduced risk of hypertension
- Reduced risk of stroke and hardening of the arteries
- Higher HDL ("good") cholesterol levels
- Lower LDL ("bad") and total cholesterol levels
- Lower blood sugar level

**Suggested Activities (Time Frame: 25 minutes)**

**Activity 1: BMI Activity**

This activity will help participants learn their BMI and whether they are overweight or obese. First, ask participants if they consider themselves overweight or obese. Discuss whether participants consider themselves big boned or naturally thick. Next, pass out the Weight and Waist Measurements: Tools for Adults handout, and ask participants to turn to the BMI charts. Ask them to find where they fall on the chart. Discuss the results of the exercise with those who choose to share with the group. Do the results meet their expectations? How do the norms of the BMI chart differ from norms in the African American community? What are the benefits and concerns related to being comfortable at a heavier weight? Discuss how the BMI chart is not the sole determinant of being overweight or obese, and how some may fall within the over-weight or obese categories on the chart but actually be at a healthy weight for their bone structure and muscle mass.

**Activity 2: Calories In Versus Calories Out**

This activity will help participants learn if they are consuming too many calories on a daily basis, causing them to become overweight or obese. First, tell participants that to lose about 1 to 2 pounds per week, a person needs to reduce their caloric intake by 500-1,000 calories per day. Next, ask participants to write down everything they ate the day before, including beverages. Then have the participants log on to supertracker.usda.gov/default.aspx and enter the foods consumed into the Food Tracker to learn how many calories they consumed on that day. (For best results, encourage participants to create a profile so that they can get a personalized, custom plan for themselves). When complete, ask the class how the calories they consumed that day relate to the recommended caloric intake for those who want to maintain or lose weight. What changes can be made to the diet to ensure that the daily caloric intake is within the recommend guidelines? Ask participants to discuss potential barriers to achieving and maintaining a healthy weight.
Activity 3: Making Smart Changes to Your Diet

Review the handouts Cut Calories and Fat, Not Flavor and/or Let’s Eat for the Health of It with the participants.

Discuss the recommendations for each group, and review smart choices that can be made to meet these recommendations. Share ideas for reducing intake of fat, sugar, and sodium. Ask participants to share the meals listed in Activity 2. Were the meal choices healthy? If not, how can they be made more healthful?

Activity 4: Family Tree Activity

Discuss diseases related to being overweight and obese (for example, diabetes, cardiovascular disease, and cancer). How common are these diseases in the African American community, in the church community, and within each participant’s family?

Pass out notepads, and ask participants to create a medical family tree. Ask them to list at least six blood relatives (parents, grandparents, aunts, uncles, siblings, and cousins). If they can’t list any blood relatives, then have them list the adoptive/foster family members with whom they grew up. Indicate which (if any) of these people had or have any of the following conditions: cardiovascular disease (hypertension, heart disease, and stroke), diabetes, and cancer.

Discussion: What does all of this information suggest about prospects for long-term health? Using the information from Activities 1 and 2, ask participants to complete the following exercises.

1. List positive nutritional aspects of your typical eating pattern; for example:
   - I eat a variety of foods.
   - My diet is high in vegetables and fruits and low in fat.
   - I eat a lot of whole-grain foods.

2. List negative nutritional aspects of your typical eating pattern; for example:
   - My diet is low in vegetables and fruits.
   - I use a lot of salt on my food.
   - I eat a lot of processed meats.

3. Identify the impact of your typical eating pattern on your risk for developing the diseases in your medical family tree; for example:
   - I have a family history of hypertension and stroke. This, along with my high sodium intake, will increase my risk of developing hypertension and having a stroke.

4. Name three foods you are willing to add to your diet to correct any shortages of vitamins, minerals, or fiber; for example:
   - Spinach for more iron
   - Orange juice for more vitamin C
   - Whole-wheat bread for more fiber

5. Name three foods you are willing to cut back on to reduce any excesses in your fat, saturated fat, cholesterol, sugar, and sodium intakes; for example:
   - French fries for fat reduction
   - Red and processed meats for fat and cholesterol reduction
   - Sugar-sweetened beverages for sugar reduction
   - Potato chips for sodium reduction

Reflections (Time Frame: 10 minutes)

Ask participants to discuss any nutritional and physical activity tips or behavioral changes that they have made since the last session. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? How has increasing physical activity level affected their food choices? As you listen to the answers, ask others if they have suggestions to overcome barriers. If participants do not offer suggestions, share your own.

Allow time for questions and comments about the topics discussed in the session today.
Module 4: Fruits and Vegetables

Objectives (Time Frame: 10 minutes)

By the end of the module, participants will be able to:

■ Understand the importance of fruits and vegetables in the diet, as well as their role in controlling blood pressure and cholesterol and warding off heart disease, stroke, and some cancers.
■ Understand the importance of eating at least 2½ cups of fruits and vegetables a day.
■ Explain ways to consume a variety of fruits and vegetables at every meal and for snacks.

Worksheets/Handouts/Helpful Links

■ How to Use Fruits and Vegetables to Help Manage Your Weight (cdc.gov/nccdphp/dnpa/nutrition/pdf/CDC_5-A-Day.pdf)
■ Fruits and Vegetables: Do You Get Enough? (cancer.org)
■ Add Fruits and Veggies to Your Diet (cancer.org)

There are also a variety of one-page handouts on fruits and vegetables that may be helpful to use during this module. You can find them at choosemyplate.gov/healthy-eating-tips/ten-tips.html.

Materials/Resources

■ Blackboard/chalk or dry erase board
■ Personal notebooks for handouts
■ Pens or pencils

Welcome the participants. Tell them that today’s module will focus on the importance of eating a variety of fruits and vegetables.

Discussion (Time Frame: 15 minutes)

Leading causes of death, including heart disease, high blood pressure, many cancers, diabetes, and stroke, are largely preventable through lifestyle choices, including eating more fruits and vegetables. Eating at least 2½ cups of fruits and vegetables a day is one of the easiest things everyone can do to lower their risks for developing all diet-related diseases.

Yet, the majority of African Americans do not eat the minimum amount of fruits and vegetables recommended for good health, which may contribute to higher rates of diseases compared to some other groups.

Fruits and vegetables are a good source of many essential vitamins and minerals. Eating plenty of fruits and vegetables can help you ward off diabetes, heart disease, stroke, high blood pressure, high cholesterol, and some types of cancer. It can even help protect you against some types of vision loss. Including more fruits and vegetables in your diet each day, in place of higher-calorie, high-fat foods, can also help with weight control.

Because of these important health benefits of fruits and vegetables, and because the majority of us do not eat enough of them, MyPlate recommends filling half your plate with fruits and vegetables.

We hear a lot about green vegetables. Are they the most nutritious? Eating green vegetables gives the body plenty of nutrients, yet no single type of food contains all the nutrients your body needs. Encourage participants to get a variety of fruits and vegetables in their diet by eating different colors of these food items.

Do you have trouble finding a variety of fresh produce in your local supermarket? How can you overcome this barrier to ensure that you are getting a variety of nutrients in your diet? Suggest that the participants try frozen, canned, or dried varieties of fruits and vegetables, making sure to choose those without added sugars, salt, or sauces. These can all be good choices. Fresh foods are usually thought to have the most nutritional value (and often the best flavor). But frozen foods can actually be more nutritious than fresh foods because they are often picked ripe and quickly frozen (whereas fresh foods may lose some of their nutrients in the time between harvesting and eating). Canning is more likely to reduce heat-sensitive and water-soluble nutrients because of the high heat that must be used. Be aware that some fruits are packed in heavy syrup, and some canned vegetables are high in sodium (salt). It’s best to choose vegetables and fruits in a variety of forms.
Suggested Activities (Time Frame: 25 minutes)

Activity 1: Food Frequency Activity
The purpose of this activity is to have participants recognize how many fruits and vegetables they eat on a daily basis. Ask participants to write down how many fruits and vegetables they have eaten over the past three days. How does the information compare with current recommendations?

Following this activity, pass out *Add Fruits and Veggies to Your Diet and/or How to Use Fruits and Vegetables to Help Manage Your Weight*, and ask participants to make a list of ways they can increase their fruit and vegetable intake. Encourage them to share their strategies with the class.

Activity 2: Cultural Differences
Ask participants to divide into groups based on their cultural or ethnic background (for example, southern American, Caribbean). Have participants discuss which fruits and vegetables are native to their regions and how they eat and prepare the foods. They can also discuss what nutritional value each item has and what traditional significance that item has in their culture. Then discuss ideas on how to prepare healthier versions of traditional dishes that may be unhealthy.

Activity 3: Eating Light While Eating Out
Bring menus from the most popular restaurants in your area. Divide the class into groups of three or four people and pass out a restaurant menu and corresponding nutritional information to each group. (Check the restaurant Web site before class to get nutritional information for the most popular dishes. Print this information and bring it to class.) Ask the class to choose healthy options from the menu. Open the floor for discussion on problems or roadblocks that they may have when eating out. Ask the class to offer solutions to the problems that are raised.

Reflections (Time Frame: 10 minutes)
Ask participants to discuss any nutritional and physical activity tips or behavioral changes that they have made since the last session. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think it didn’t go as planned? What could they have done differently? As you listen to the answers, ask other participants if they have suggestions to overcome barriers. If participants do not offer suggestions, share your own.

Have the participants set a physical activity and healthy dietary goal for the next week.

Allow time for questions and comments about the topics discussed in the session today.
Module 5: Grains

Objectives (Time Frame: 10 minutes)
By the end of the module, participants will be able to:
- Understand the importance of grains in the diet.
- Explain the importance of eating whole-grain products instead of refined-grain products.
- See ways to eat a variety of grains at every meal and for snacks.
- Understand the benefits of eating less sugar and starch.

Worksheets/Handouts/Helpful Links
- What Is a Whole Grain? (wholegrainscouncil.org/files/WhatIsAWholeGrain_0.pdf)
- Whole Grains Made Easy fact sheet (wholegrainscouncil.org/files/WholeGrainsADAFactSheet.pdf)
- The Diabetes Epidemic Among African Americans (ndep.nih.gov/media/fs_africanam.pdf)

There are also a variety of one-page handouts on whole grains that may be helpful to use during this module. You can find them at choosemyplate.gov/healthy-eating-tips/ten-tips.html.

Materials and Resources
- Two clear jars, at least 10½ teaspoons of sugar, a 1-teaspoon measuring spoon, and two index cards
- Refined bread slices, whole-grain bread slices, and peanut butter and cottage cheese for topping
- Blackboard/chalk or dry erase board
- Personal notebooks for handouts
- Pens or pencils

Welcome the participants. Tell them that today’s module will focus on the importance of eating a variety of whole-grain products and understanding the role grains play in preventing certain diseases and disorders.

Discussion (Time Frame: 15 minutes)
Pass out the What Is a Whole Grain? and Whole Grains Made Easy fact sheets. Ask participants to identify each section of the grain kernel. Tell the participants that if a food item is considered whole grain, it contains the bran, germ, and endosperm, so you get all of the nutrients that entire grain has to offer. If you choose a refined- or processed-grain food, you get only the endosperm, or starchy part, and miss the nutrients contained in the bran and germ portions of the kernel. That’s why whole grains are more nutritious.

The three parts of a grain are the bran, the germ, and the endosperm. Foods that are classified as whole grain contain all three parts of the grain:

1. The bran, the outer hard shell of the grain, provides the most fiber and B vitamins and minerals, which play an important role in cell metabolism.
2. The germ, the inner layer, contains essential fatty acids and vitamin E, which serves as an antioxidant.
3. The endosperm, the center portion of grain, contains the starch.

MyPlate recommends that about one-fourth of your plate be filled with grain products. Choose whole-grain breads, pasta, and cereals (such as barley and oats) instead of breads, cereals, and pasta made from refined grains. Eat brown rice instead of white rice. Limit your intake of refined carbohydrate foods, including pastries, candy, sugar-sweetened breakfast cereals, and other high-sugar foods. (The three main types of carbohydrate are starch [also known as complex carbohydrates], sugars, and fiber.) Whole grains may help reduce the risk of several chronic diseases and may help with weight maintenance. They are an important source of fiber and other nutrients. Discuss the food items that are considered whole grains and their importance in the diet.
Suggested Activities (Time Frame: 10 minutes)

Activity 1: Reducing Sugar Activity
The purpose of this activity is to have participants recognize how much sugar is in common foods and think of ways to reduce excess sugar in the diet.

Ask a volunteer to come to the front of the room where you have set up two empty glass jars. In front of one jar, place an index card that reads “12-ounce regular soda.” In front of the other jar, place an index card that reads “12-ounce regular water.”

Ask the volunteer to spoon out 10½ teaspoons of sugar onto the clear jar marked “12-ounce regular soda.” Make sure the container behind the card that reads “12-ounce regular water” remains empty.

This activity illustrates that a 12-ounce can of regular soda contains 10½ teaspoons of added sugar. Each soda is 150 calories. About 3,500 extra calories creates a pound. Ask the participants the following questions to stimulate discussion about sugar consumption:

- If you drank a 12-ounce regular soda every day for a year, how much sugar would that be? (Answer: 30 pounds of sugar)
- How much weight would you lose in a year after switching from regular soda to water or a calorie-free beverage? (Answer: 15.5 pounds)

Point out that regular soda is an obvious example of an item that’s important to avoid for weight control because of its high sugar content. However, participants also need to watch out for other sugar-sweetened drinks, such as sports drinks and fruit drinks that contain less than 100% juice. Suggest that participants encourage their families to drink water, fat-free or low-fat milk, and other low-calorie beverages.

Activity 2: Refined Grains Versus Whole Grains

Bring slices of refined bread and whole-wheat bread to the session for tasting. Cut the slices into bite-size pieces and divide into unlabeled categories.

Have participants choose either low-fat cheese or peanut butter as a topping for their taste test. Ask them to select one of each category and try to guess which bread is refined or whole grain. Then ask them to discuss which is tastier, or whether they can tell the difference between the breads. Remind participants that there is a difference between whole wheat and whole grain. Foods made only with bran are not whole-grain products. When looking for whole-grain products, check the ingredient list for whole grains. It should be one of the first ingredients listed.

Disease Discussion

Pass out The Diabetes Epidemic Among African Americans handout. Discuss diabetes and perceptions of its prevalence in the African American community. What steps can be taken today toward healthier families and communities? More than 4.9 million African Americans ages 20 years and older (18.7%) have diabetes; one-third of these people are undiagnosed.

There are things you can do to help prevent diabetes: make healthy food choices (limit foods high in calories and fat), be physically active, and get to and/or stay at a healthy weight.
Reflections (Time Frame: 10 minutes)

Ask participants to discuss any nutritional and physical activity tips or behavioral changes that they have made since the last session. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? As you listen to the answers, ask other participants if they have suggestions to overcome barriers. If participants do not offer suggestions, share your own.

Allow time for questions and comments about the topics discussed in the session today.

Disease Focus: Diabetes (Time Frame: 15 minutes)

Diabetes is a disease in which blood glucose (blood sugar) levels are above normal. People with diabetes have problems changing food to energy within the body. After a meal, food is broken down into a sugar called glucose, which is carried by the blood to cells throughout the body. Cells use a hormone called insulin to help them change blood glucose into energy. The three main types of diabetes are type 1, type 2, and gestational.

Type 1 diabetes (formerly called juvenile diabetes or insulin-dependent diabetes) is usually diagnosed in children, teens, or young adults. In this form of diabetes, the pancreas doesn’t make insulin. Treatment for type 1 diabetes includes taking insulin shots or using an insulin pump, making wise food choices, exercising regularly, controlling blood pressure and cholesterol, and, for some, taking aspirin daily.

Type 2 diabetes (formerly called adult-onset or non-insulin-dependent diabetes) is the most common form of diabetes. People can develop type 2 diabetes at any age, even during childhood. In this form of diabetes, the body does not use insulin the way it should, or it doesn’t make enough insulin. People who are overweight and inactive are more likely to develop type 2 diabetes. Treatment includes taking diabetes medicines, making wise food choices, exercising regularly, controlling blood pressure and cholesterol, and, for some, taking aspirin daily.

Some women develop gestational diabetes late in pregnancy. Although this form of diabetes usually goes away after the baby is born, a woman who has had gestational diabetes is more likely to develop type 2 diabetes later. Gestational diabetes is caused by the hormones of pregnancy or a shortage of insulin.

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Module 6: Meats and Beans

Objectives (Time Frame: 10 minutes)

By the end of the module, participants will be able to:

- Understand the importance of eating a variety of lean or low-fat meats and poultry.
- Understand the importance of eating a diet low in saturated fat and cholesterol.
- Select and prepare meat, poultry, and bean dishes that are lean, low fat, or fat-free.
- Keep total fat intake between 20% to 35% of calories, with most fats coming from healthy fat sources, such as fish, nuts, and vegetable oils.
- Explain the role of the diet in heart disease.

Worksheets/Handouts/Helpful Links

- With Protein Foods, Variety is Key – 10 Tips for Choosing Protein (choosemyplate.gov/food-groups/downloads/TenTips/DGTipsheet6ProteinFoods.pdf)
- How Much Food From the Protein Group Is Needed Daily? Chart (choosemyplate.gov/food-groups/proteinfoods_amount_table.html)
- Nutrition labels from common foods

Materials/Resources

- Blackboard/chalk or dry erase board
- Personal notebooks for handouts
- Pens or pencils
Welcome the participants. Tell them that today’s module will focus on the importance of eating a variety of lean or low-fat meats and beans.

Discussion (Time Frame: 15 minutes)
The average American consumes about 191 pounds of meat over the course of a year, 11 pounds more than 30 years ago, according to the 2012 US Census Bureau. The increased intake of meat, often high in fat and cholesterol, has likely contributed to the high rate of rate of coronary artery disease, high blood cholesterol, and many other chronic diseases.

Tell participants that you will also discuss the importance of limiting the amount of foods high in saturated fat and cholesterol. High blood cholesterol is a major risk factor for heart disease, the leading cause of death in the United States. About 14% of adult Americans have high blood cholesterol (240 mg/dL or more total cholesterol).

Discuss the foods that are considered meats and beans and their importance in the diet. How much protein do Americans need? Meat, poultry, fish, dry beans and peas, eggs, nuts, and seeds supply many nutrients. These include protein, B vitamins (niacin, thiamin, riboflavin, and B6), vitamin E, iron, zinc, and magnesium. The amount of food from the meat and beans group you need to eat depends on your age, sex, and level of physical activity. Most Americans eat enough food from this group, but need to make leaner and more varied selections of these foods.

Discuss the importance of diets low in saturated fats. What are the health implications of eating too much saturated fat? What foods are high in saturated fat? Diets that are high in saturated fats raise “bad” cholesterol levels in the blood. The “bad” cholesterol is called LDL (low-density lipoprotein) cholesterol. High LDL cholesterol, in turn, increases the risk for coronary heart disease. Some food choices in this group that are high in saturated fat include fatty cuts of beef, pork, and lamb; regular (75-85% lean) ground beef; regular sausages, hot dogs, and bacon; some luncheon meats, such as regular bologna and salami; and some poultry, such as duck. To help keep blood cholesterol levels healthy, limit the amount of these foods you eat.

Discuss the importance of diets low in cholesterol. What are the health implications of too much cholesterol? What foods are high in cholesterol? Diets that are high in cholesterol can raise LDL cholesterol levels in the blood. Some food choices in this group that are high in cholesterol include egg yolks (egg whites are cholesterol-free) and organ meats, such as liver and giblets. To help keep blood cholesterol levels healthy, limit the amount of these foods you eat.

Suggested Activities (Time Frame: 15 minutes)

Activity 1: How Much Protein Do I Need?
Ask participants to review the document With Protein Foods Variety Is Key – 10 Tips for Choosing Protein and the chart How Much Food From the Protein Group Is Needed Daily? Have participants break up into groups of three or four people. Ask each group to calculate various ways to get the daily recommendations for men and women of various ages. Include options for breakfast, lunch, dinner, and snack.

Activity 2: How Much Protein Does a Vegetarian Need?
Ask participants to review the document With Protein Foods, Variety Is Key – 10 Tips for Choosing Protein and the chart How Much Food From the Protein Group Is Needed Daily? Have participants divide into groups of three or four people. Have each group calculate various ways to get the daily recommendations for vegetarians of various ages. Include options for breakfast, lunch, dinner, and snack.

Activity 3: Saturated Fat Activity
Ask participants to bring in five nutrition fact labels from meat and bean items that they normally eat. Also, encourage them to bring labels from non-meat/bean food items that may contain saturated fats (such as cakes, milk, butter, or ice cream). Ask participants to discuss how much they normally eat of each food item, and have them tally the saturated fat contents of the items to estimate how much saturated fat they get on a daily basis. Pass out On the Move to Better Heart Health for African Americans. Discuss the alternatives or changes that can be made to the diet to decrease saturated fat intake. Encourage participants to limit total fat intake to 25-35% of their total calories each day; and limit saturated fat intake to less than 7% of total daily calories.

Disease Focus: Heart Disease (Time Frame: 10 minutes)
Heart disease is the number-one killer of African Americans. They are more likely than people of other races to have high blood pressure, diabetes, and to be overweight or obese, all of which increases the risk of heart disease and other chronic diseases, such as cancer.
About half of Americans (49%) have at least one of these three key risk factors for heart disease:

- High blood pressure
- High cholesterol levels
- Smoking

These other medical conditions and lifestyle choices also increase risk:

- Overweight or obesity
- Poor diet
- Physical inactivity
- Diabetes
- Excessive alcohol use

Source: Centers for Disease Control and Prevention, 2012

Disease Discussion

Discuss heart disease and the participants’ perceptions of its prevalence in the African American community. Heart disease is the number-one killer in the United States. It’s also a major cause of disability. There are many different forms of heart disease. The most common cause of heart disease is narrowing or blockage of the coronary arteries, the blood vessels that supply blood to the heart itself. This is called coronary artery disease, and it happens slowly over time. It’s the major reason people have heart attacks. What steps can be taken today toward healthier families and communities?

Reflections (Time frame: 10 minutes)

Ask participants to announce any nutrition and physical activity tips or behavioral changes that they have made since the last session. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? As you listen to the answers from the participants, ask others if they have suggestions to overcome barriers. If participants do not offer suggestions, share your own.

Allow time for questions and comments about the topics discussed in the session today.

HEALTHY EATING FOR HEALTHY LIVES: NUTRITION TRAINING CURRICULA FOR HEALTH MINISTRY LEADERS

Module 7: Fats

Objectives (Time Frame: 10 minutes)

By the end of the module, participants will be able to:

- Understand the importance of healthy fats in the diet.
- Understand the importance of eating a diet low in saturated fats, trans fats, and cholesterol.

Worksheets/Handouts/Helpful Links

- How Can I Lower High Cholesterol?
  (heart.org/idc/groups/heart-public/@wcm/@hcm/documents/downloadable/ucm_300460.pdf)
- Fat Facts
  (heart.org/idc/groups/heart-public/@wcm/@global/documents/downloadable/ucm_321858.pdf)

Materials/Resources

- Blackboard/chalk or dry erase board
- Personal notebooks for handouts
- Pens or pencils

Welcome the participants. Tell them that today’s module will focus on the importance of eating a variety of healthy oils.

Discussion (Time Frame: 15 minutes)

Fats are important to the body because they help it absorb many essential vitamins, keep cells healthy, and help the immune system function well. Fat provides twice as many calories per gram as carbohydrates and protein.

Too much of certain types of fat – such as saturated fat and trans fat – can increase your blood cholesterol levels and your risk of coronary artery disease. Overall, limit your intake of fats and oils high in saturated and/or trans fatty acids, and choose foods low in these fats and oils.
Trans fat comes from adding hydrogen to vegetable oil through a process called hydrogenation. This process makes the fat more solid and less likely to spoil. Trans fat is a common ingredient in commercial baked goods such as crackers, cookies, and cakes. It’s also in fried foods, such as doughnuts and French fries. Shortenings and some types of margarine also are high in trans fats.

The average American should consume less than 7% of daily calories from saturated fats and less than 300 mg/day of cholesterol. (If you have coronary heart disease or your LDL cholesterol level is 100 mg/dL or greater, limit your cholesterol intake to less than 200 mg/day).

We should also consume less than 1% of daily calories from trans fats. In general, we should limit the total fat we eat each day to 25% to 35% of all calories, with most fats coming from fish, nuts, and vegetable oils. For a person eating 2,000 calories per day, this would translate to between 56-77 grams of total fat per day with less than 15 grams coming from saturated fat and less than 2 grams coming from trans fats.

When selecting and preparing meat, poultry, and milk or milk products, choose lean, low-fat, or fat-free versions to limit your intake of saturated fat.

Suggested Activities (Time Frame: 15 minutes)

Activity 1: How much fat am I eating?
Ask participants to write down everything they ate the day before, including the quantities of each item. As a group, try to identify which foods they ate had fats and which foods did not and to estimate how much fat they took in that day.

Activity 2: Lowering Cholesterol
Pass out How Can I Lower Blood Cholesterol? Ask participants to write down three specific ways they can reduce their cholesterol levels through lifestyle changes.

Activity 3: Healthy Substitutes
Using How Can I Lower Blood Cholesterol?, direct participants to the “What Should I Limit” list and ask them if they eat any of these foods regularly? As a group, ask them to list other foods they enjoy eating and brainstorm ways to cook these foods in healthier ways. Write their suggestions on the board.

Disease Focus: High Cholesterol (Time Frame: 15 minutes)

When there’s too much cholesterol (a fat-like substance) in your blood, it builds up in the walls of your arteries. Over time, this buildup causes hardening of the arteries, meaning that arteries become narrow and blood flow to the heart is slowed down or blocked. The blood carries oxygen to the heart, and if not enough oxygen reaches your heart, you may have chest pain. If the blood supply to part of the heart is completely cut off by a blockage, the result is a heart attack.

High blood cholesterol increases your chances for coronary heart disease. Coronary heart disease is a disease of the blood vessels of the heart that causes a heart attack. It’s the number-one killer among African Americans.

High blood cholesterol itself does not cause symptoms, so many people are unaware their cholesterol level is too high. It’s important to know your cholesterol numbers, because lowering high cholesterol levels lessens the risk of heart disease and reduces the chance of having a heart attack or dying of heart disease (even if you already have it).

Lowered cholesterol is important for everyone – young, middle age, and older adults; women and men; and people with or without heart disease.

There are a lot of things you can do to help reduce your cholesterol levels:

- Watch what you eat – Saturated and trans fats and cholesterol in the food you eat make your blood cholesterol levels go up. Saturated fat and trans fats are the main culprits, but cholesterol in foods also matters. Reducing the amount of saturated fats, trans fats, and cholesterol in your diet helps lower your blood-cholesterol level.

- Lose weight – Being overweight is a risk factor for heart disease. It also tends to increase your cholesterol. Losing weight can help lower your LDL (“bad”) and total cholesterol levels, raise your HDL (“good”) cholesterol levels, and lower your triglyceride levels.

- Be physically active – Regular physical activity can help lower LDL (“bad”) cholesterol levels and raise HDL (“good”) cholesterol levels. It also helps you lose weight. Try to be physically active for at least 150 minutes a week.

Some things you can’t do anything about also can affect cholesterol levels. These include:

- Age and gender – As women and men get older, their cholesterol levels rise. Before menopause, women have lower total cholesterol levels than men of the same age. After menopause, women’s LDL (“bad”) cholesterol levels tend to rise.

- Heredity – Your genes partly determine how much cholesterol your body makes. High blood cholesterol can run in families.
Reflections (Time Frame: 10 minutes)
Ask participants to discuss any nutritional and physical activity tips or behavioral changes that they have made since the last session. Ask participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? As you listen to the answers, ask other participants if they have suggestions to overcome barriers. If participants do not offer suggestions, share your own. Allow time for questions and comments.

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Module 8: Dairy Products

Objectives (Time Frame: 10 minutes)
By the end of the module, participants will be able to:
- Explain the importance of getting calcium in the diet.
- Identify ways to incorporate more fat-free and low-fat dairy foods in your diet.

Worksheets/Handouts/Helpful Links

Materials/Resources
- Blackboard/chalk or dry erase board
- Pens or pencils

Welcome the participants. Tell them that today’s module will focus on the importance of eating a variety of low-fat or non-fat milk products.

Discussion (Time Frame: 15 minutes)
Discuss the food items that are considered part of the dairy group and their importance in the diet. All fluid milk products and many foods made from milk are considered part of this group. Foods made from milk that retain their calcium content are part of the group, while foods made from milk that have little to no calcium and are high in saturated fat, such as cream cheese, cream, and butter, are not. Most dairy group choices should be fat-free or low-fat.

Consuming milk and milk products provides health benefits. People whose diet includes milk and milk products may reduce the risk of low bone mass. Foods in the dairy group provide nutrients that are vital for health and maintenance of your body. These nutrients include calcium, potassium, vitamin D, and protein.

Discuss the amount of dairy foods needed daily. The amount depends on age: adults, teens, and older children need 3 cups per day. Children 4 to 8 years old need 2½ cups, and children 2 to 3 years old need 2 cups each day. In general, 1 cup of milk or yogurt, 1½ ounces of natural cheese, or 2 ounces of processed cheese can be considered as 1 cup from the dairy group.

Discuss the following ways to help participants increase their dairy intake, particularly fat-free or low-fat choices:
- Include milk as a beverage at meals. Choose fat-free or low-fat milk.
- If you usually drink whole milk, switch gradually to reduced fat (2%), then to low-fat (1%), and finally to fat-free (skim) milk.
- If you drink cappuccinos or lattes – order them with fat-free (skim) milk.
- Add fat-free or low-fat milk instead of water to oatmeal and hot cereals.
- Use fat-free or low-fat milk when making condensed cream soups (such as cream of tomato).
- Have fat-free or low-fat yogurt as a snack.
- Make a dip for fruits or vegetables from yogurt.
- Make fruit-yogurt smoothies in the blender.
- For dessert, make chocolate or butterscotch pudding with fat-free or low-fat milk.
- Top fruit with flavored yogurt for a quick dessert.
- Top casseroles, soups, stews, or vegetables with shredded low-fat cheese.
- Top a baked potato with fat-free or low-fat yogurt.

If participants avoid milk because of lactose intolerance, the most reliable way to get the health benefits of milk is to choose lactose-free alternatives within the milk group, such as cheese, yogurt, or lactose-free milk, or take a lactase enzyme before eating milk products.

Calcium choices for those who do not eat milk products include:
- Calcium-fortified juices, cereals, breads, soy beverages, or rice beverages
- Canned fish (sardines, salmon with bones)
- Soybeans and other soy (fortified soy-based beverages and yogurt, tempeh, calcium-set tofu)
- Some other dried beans
- Some leafy greens (collard and turnip greens, kale, bok choy)

Suggested Activities (Time Frame: 15 minutes)

Activity 1: How Much Dairy Am I Eating?
Ask participants to write down everything that they ate the day before, including the quantities of each item. Ask them to determine the number of dairy servings they consumed, as well as the number of plant sources rich in calcium (calcium-fortified orange juice or soymilk, leafy greens, etc.).

Activity 2: Food Frequency Activity
Ask participants to write down how many dairy products they have consumed over the past three days. How does the information compare with USDA recommendations?

Disease Discussion
Discuss lactose intolerance and the participants’ perception of its prevalence in the African American community. What steps can be taken today toward a healthier families and communities?
Reflections (Time frame: 10 minutes)
Ask participants to announce any nutritional and physical activity tips or behavioral changes that they have made since the last session. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? As you listen to the answers, ask others if they have suggestions to overcome barriers. If participants do not offer suggestions, share your own.

Allow time for questions and comments about the topics discussed in the session today.

Disease Focus: Lactose Intolerance (Time Frame: 10 minutes)
It is estimated that about 30 million American adults have some degree of lactose intolerance. Certain ethnic and racial groups are more affected than others, particularly African Americans, Native Americans, and Asian Americans.

Lactose intolerance is the inability to digest significant amounts of lactose, the sugar found in milk. It’s caused by a shortage of the lactase enzyme, which is made by cells that line the small intestine. Not all people deficient in lactase have the symptoms commonly associated with lactose intolerance (bloating, cramps, diarrhea, gas, and nausea after having milk products), but those who do are considered lactose intolerant.

People sometimes confuse lactose intolerance with cow’s milk intolerance, because the symptoms are often the same. However, lactose intolerance and cow’s milk intolerance are not related. Being intolerant to cow’s milk is an allergic reaction triggered by the immune system. Lactose intolerance is a problem caused by the digestive system.

Some causes of lactose intolerance are well-known. Primary lactase deficiency is a condition that develops over time. After about age 2, the body begins to produce less lactase, though most people will not notice symptoms until they are much older.

Secondary lactase deficiency occurs when injury to the small intestine or certain digestive diseases reduce the amount of lactase a person produces. These diseases include celiac disease, inflammatory bowel disease, and Crohn’s disease.

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Module 9: Food Labels and Portions

Objectives (Time Frame: 10 minutes)
By the end of the module, participants will be able to:

- Understand standard serving sizes.
- Find the nutrition content of foods.
- Use food labels to look for serving size information, caloric value, daily values, cholesterol, sugar, fat, salt, sodium and other ingredients.

Worksheets/Handouts/Helpful Links

- The Food Label and You – 29-minute video (fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm275409.htm)
- Eating Healthier and Feeling Better Using the Nutrition Facts Label (fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm266853.htm)
- Understanding Food Terms (cancer.org)

Materials/Resources

- Blackboard/chalk or dry erase board
- Personal notebooks for handouts
- Pens or pencils
- Overhead projector
- Computer with Internet access
Welcome the participants. Tell them that today’s module will focus on the importance of using serving sizes and portion control to help them eat amounts that are right for them. Explain that you will be talking about the importance of looking at ingredients lists and the food label to figure out how many calories and how much fat, fiber, protein, sugar, and carbohydrates are in a single serving of the food items. Using the food label is also helpful when choosing a diet lower in saturated fat, cholesterol, and fat.

Discussion (Time Frame: 15 minutes)

Quickly review the major discussion points covered in the previous modules and encourage the participants to keep those points in mind as they read the nutrition facts label and ingredient lists.

What's the difference between a portion and a serving size? Listen to the ideas from the participants and guide them to the following response: A “portion” is how much food or beverage you choose to consume at one time – whether in a restaurant; from a package, bottle, or can; or in your own kitchen. A “serving size” is the amount of food or beverage listed on a product’s nutrition facts label. Sometimes, the portion size and serving size match; sometimes they don’t. Keep in mind that the serving size on the nutrition facts label is not a recommended amount of food or beverage to consume. It’s simply a quick way of letting you know the calories and nutrients in a certain amount of food or beverage.

Discuss the importance of using a Nutrition Facts label. What type of information does the label provide? Listen to the ideas from the participants and guide them to the following response: The US Food and Drug Administration (FDA) nutrition facts information is printed on most packaged foods and beverages. It tells how many calories and how much fat, carbohydrates, sodium, and other nutrients are in one serving of food. Most packaged foods contain more than one serving – often even those that look like single servings. The serving sizes that appear on food labels are based on FDA-established lists of foods.

Discuss the following ways to help participants control portions at home:

■ For one week, try measuring out a single serving of any packaged foods or beverages you consume to familiarize yourself with what a standard serving size looks like, particularly on your own dishes and in your own glasses.

■ Take the amount of food that is equal to one serving, according to the nutrition facts label, and eat it off a plate instead of eating straight out of a box or bag.

■ Do not eat in front of the TV or while busy with other activities. Pay attention to what you’re eating and fully enjoy the smell and taste of your foods.

■ Eat slowly so your brain can get the message that your stomach is full.

■ To control your intake of the higher fat, higher-calorie parts of a meal, take seconds of vegetables and salads instead of meats and desserts.

■ When cooking in large batches, freeze food that you will not serve right away. This way, you won’t be tempted to finish eating the whole batch before the food goes bad. And, you’ll have ready-made food for another day. Freeze leftovers in amounts that you can use for a single serving or for a family meal another day.

■ Try to eat meals at regular intervals. Skipping meals or leaving large gaps of time between meals may lead you to eat larger amounts of food the next time that you eat.

■ When buying snacks, choose single-serving pre-packaged items and foods that are lower-calorie options.

■ Make snacks count. Eating many high-calorie snacks throughout the day may lead to weight gain. Replace snacks like chips and soda with low-fat or fat-free yogurt, smoothies, fruit, or whole-grain crackers.

■ When you do have a treat like chips or ice cream, measure out ½ cup of ice cream or 1 ounce of chips, as indicated by the nutrition facts label, and eat the treat slowly.

Suggested Activities (Time Frame: 25-30 minutes)

Activity 1: The Food Label and You – Video

This 29-minute video is an entertaining and educational tool to help people understand and use the Nutrition Facts Label to make informed food choices. You can view the entire video or select any of the individual segments described on the Web site (fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm275409.htm).

Food Labels and Portions
Activity 2: Reading a Nutrition Facts Label

Bring in at least one empty container from each food group with the nutrition facts label visible. Examples of suggested items from each food groups are:

**Fruit and Vegetables**
- Canned corn
- Applesauce
- Dried pineapples
- Frozen collard greens

**Grains**
- Cinnamon raisin bagels
- Whole-wheat bread
- Pasta
- Crackers

**Meats and Beans**
- Black-eyed peas
- Canned tuna
- Turkey slices
- Pork and beans
- Corned beef hash

**Milk**
- Chocolate milk
- Yogurt
- Cheese
- Ice cream
- Soy milk

**Fats**
- Olive oil
- Vegetable oil
- Shortening

Next, create stations around the room with the empty food containers at each station. Ask participants to compare the food items within each group. Each participant should answer the following questions:

1. What is the name of the product?
2. How large is one serving?
3. How many calories per serving?
4. How many total grams of fat are in each serving?
5. How many grams of fiber are in each serving?
6. How many milligrams of salt (sodium) are in each serving?
7. What is the percent Daily Value of vitamin C in each serving?
8. How many grams of protein are in each serving?
Activity 3: How much is a serving?
Bring actual food items into class (such as cereal, cooked rice or pasta, and meat), along with measuring cups, bowls, and plates. Have the participants determine what a serving size is and measure each food item on the plate. Ask them to discuss whether they believe that they would be full if given the serving size to consume. Why or why not?

Reflections (Time Frame: 10 minutes)
Ask participants to discuss any changes that they have made since the last session. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? As you listen to the answers, ask others if they have suggestions to overcome barriers that may have been faced. If participants do not offer suggestions, share your own.

Allow time for questions and comments about the topics discussed in the session today.

Module 10: Nutrition and Cancer
Objectives (Time frame: 10 minutes)
By the end of the module, participants will be able to:
- Find clear, specific recommendations to better understand the daily activities and eating habits thought to help prevent cancer.
- Identify actions communities could take to create and support a healthful environment.

Handouts/Helpful Links
- Diet and Physical Activity: What’s the Cancer Connection? (cancer.org)
- ACS Guidelines in Nutrition and Physical Activity for Cancer Prevention (cancer.org)

Materials/Resources
- Blackboard/chalk or dry erase board
- Personal notebooks for handouts
- Pens or pencils

Welcome the participants. Tell them that today’s module will focus on reducing cancer risks through simple lifestyle changes, and that these changes can also help reduce their risk of heart disease and diabetes. Also let them know that these are the most important ways to reduce cancer risk for people who do not smoke.

Discussion (Time Frame: 15 minutes)
Get to and stay at a healthy weight throughout life.
- Be as lean as possible throughout life without being underweight.
- Avoid excessive weight gain at all ages. For those who are currently overweight or obese, losing even a small amount of weight has health benefits and is a good place to start.
Engage in regular physical activity and limit intake of high-calorie foods and beverages as key strategies for staying at a healthy weight.

Being overweight or obese is clearly linked with an increased risk of developing several types of cancer:

- Breast cancer (among post-menopausal women)
- Colon and rectum cancers
- Endometrial (uterine) cancer
- Esophageal cancer
- Kidney cancer
- Pancreatic cancer

Overweight and obesity also likely raise the risk of other cancers, including:

- Gallbladder cancer
- Liver cancer
- Cervical cancer
- Non-Hodgkin lymphoma
- Multiple myeloma
- Ovarian cancer
- Aggressive forms of prostate cancer

Some studies have shown a link between losing weight and lowering the risk of getting certain cancers, such as breast cancer and possibly others. While research in this area is still ongoing, people who are overweight or obese are encouraged to lose weight.

Eat a healthy diet, with an emphasis on plant sources.
Studies show that eating a mostly plant-based diet, which emphasizes fruits, vegetables, and whole grains, and limiting intake of red and processed meat reduce the risk of a variety of different types of cancer. So in addition to considering how much is eaten, considering what is eaten also plays a role in reducing the risk of cancer.

Choose foods and beverages in amounts that will help you get to and stay at a healthy weight.

- Become familiar with standard serving sizes, and read food labels to become more aware of the actual number of servings you eat.
- Eat smaller portions of high-calorie foods. Be aware that “low-fat” or “non-fat” does not mean “low-calorie,” and that “low-fat” cakes, cookies, and similar foods are often high in calories.
- Substitute calorie-dense foods and beverages – such as French fries, cheeseburgers, pizza, ice cream, doughnuts and other sweets, and regular sodas – for vegetables, fruits, and other low-calorie foods and beverages.
- When eating away from home, choose foods that are low in calories, fat, and sugar, and avoid large portion sizes.

Limit the intake of processed and red meats.

- Eat less processed meats such as bacon, sausage, luncheon meats, and hot dogs. And limit red meats, which include beef, pork, and lamb.
- Choose fish, poultry, or beans as an alternative to red meat.
- When eating red meat, select lean cuts and eat smaller portions.
- Prepare meat by baking, broiling, or poaching, rather than by frying or charbroiling.

Eat at least 2½ cups of vegetables and fruits each day.

- Include vegetables and fruits at every meal and for snacks.
- Eat a variety of vegetables and fruits each day.
- Limit the intake of French fries, chips, and other fried vegetable products.
- Emphasize vegetables and fruits, but choose 100% juice if you drink vegetable or fruit juices.
- Limit the use of creamy sauces, dressings, and dips with fruits and vegetables.
Choose whole grains instead of processed (refined) grains and sugars.
- Choose whole-grain bread, pasta, and cereals, and brown instead of white rice.
- Limit the intake of refined carbohydrates, including pastries, sweetened cereals, and other high-sugar foods.

If you drink alcohol, limit your intake.
People who drink alcohol should limit their intake to no more than two drinks per day for men and one drink per day for women. The recommended limit is lower for women because of their smaller body size and slower breakdown of alcohol. A drink is defined as 12 ounces of beer, 5 ounces of wine, or 1 ½ ounces of 80-proof distilled spirits.

Alcohol is associated with cancers of the:
- Mouth
- Pharynx (throat)
- Larynx (voice box)
- Esophagus
- Liver
- Breast
- Colon and rectum

Alcohol may also increase the risk of pancreatic cancer.

The Common Questions About Diet and Cancer section in the ACS Guidelines in Nutrition and Physical Activity for Cancer Prevention document addresses common concerns about diet and physical activity in relation to cancer. Discuss each question and its response with the participants. Ask if they have other questions or concerns to address.

Reflections (Time frame: 10 minutes)
Ask participants to discuss any nutrition and physical activity tips or behavior changes that they have made since the last session. Ask one or two participants to share their experience of trying out the tips. Was it easy or difficult? If anyone had problems with the tips, why do they think that it didn’t go as planned? What could they have done differently? As you listen to the answers, ask other participants if they have suggestions to overcome barriers. If participants do not offer suggestions, share your own.

Allow time for questions and comments about the topics discussed in the session today.
Program Planning and Implementation

This guide is intended to support the implementation of the Partnering for Life cancer education activities in your church, faith organization, or community. It provides step-by-step support to maximize the positive impact of the program activity within African American churches.

Program Planning Process and Components

There are several factors that must be considered and steps that must be taken before implementing the Partnering for Life program.

1. Get pastoral support. As the primary decision maker for your church or faith organization, your pastor must approve the program. Although they are not needed to plan or implement the program, their support is critical in providing church resources to ensure a successful program.
   - Meet with the pastor early so that the program planning process includes their guidance.
   - They can help ensure that the program aligns with their vision and can refer you to other church leaders necessary for implementation purposes.

2. Identify organizing team/committee/leadership. The implementation of the Partnering for Life program should always be done by a team. Even if only a few members actively participate, there are numerous tasks involved in program planning and implementation that require a variety of people with unique talents.
   - A committee should be made up of people with very specific skills who can carry out each task with little or no input from committee leaders.
   - While the health ministry will be the first place to begin, be sure to engage other church members who can contribute to the development of the program and represent the diversity of the congregation.
   - Program committee meetings must be held often enough to ensure that all goals and tasks are complete.

3. Develop your program description: The program description explains the intent of the Partnering for Life program and should be a few sentences long. It can be used to help guide the planning process, keep your efforts focused, help others understand the reason for the program, and assist in the efforts to recruit a planning committee.

4. Create your program title. Create a title that captures the essence of each program workshop.
   - For example: Fighting Cancer through Healthy Eating Workshop

5. Set a program goal. The goal will explain what must occur before the program is considered successful. Consider including the number of people that the activity will reach and actions that individuals will take as a result of the program. The goal should be ambitious yet realistic, and measurable.
   - For example: The Partnering for Life Mother’s Day Breast Cancer Awareness Luncheon will reach 50 women. Five women will commit to adopting healthy eating habits.

6. Determine what resources are needed: Resources are essential to a successful program. They include human, financial, and physical resources. All programs include some costs, and these must be identified during the planning process.
   - Human resources include the various people needed to organize, facilitate, and manage the program, including church leaders and American Cancer Society staff.
   - Financial resources may be needed to purchase food, materials, flyers, or prizes for individual events.
   - Physical resources may include equipment, vehicles, or event space/venue.

7. Create a program implementation timeline. The timeline sets a date for each step in the implementation process. It should take into consideration the size and scope of the program, other church activities, and the church calendar.
   - Very large or complex programs that require major resources should include a detailed plan that gives a realistic amount of time to complete all aspects of the plan.
8. Manage the program. Programs must be managed from planning through evaluation. Managing a program involves:
- Communicating with key leaders within and outside of the church
- Maintaining control of all facets of the implementation process
- Soliciting support of church members who will lead and assist with the implementation process
- Meeting on a consistent basis in accordance with a detailed timeline
- Overseeing program activities
- Evaluating activities

9. Evaluate the program. Evaluation examines a program’s effectiveness in achieving its goals. Program evaluations are a vital component in addressing the congregation’s needs, understanding the success of the program, and identifying ways to improve future programs.

Implementation Planning
Successful program implementation requires a planning team and a team leader. Together, the team will plan all steps needed to implement and evaluate the program.

Maintaining a supportive network of leaders and collaborators for the program will create the positive energy necessary for success. The planning team and team leader should stay connected to the central mission of the program and foster an atmosphere of collegiality and partnership throughout the implementation process. In addition, the planning team should document the implementation plan in writing.

The implementation plan is critical to the success of the program. It will set the stage for the manner in which the program is executed and the timeline by which all steps occur. The plan will serve as an outline of all steps and a checklist to ensure all steps are completed. It should be reviewed frequently to ensure all steps are completed according to the timeline.

Flexibility is important where the plan is concerned. It may need to be updated to adjust steps or timelines throughout the process. For example, the planning team may realize that their goals are too ambitious or a timeline conflicts with other church activities. Or maybe a speaker who the team secured to facilitate a cancer education workshop has to cancel. In that case, the team would step in to secure another facilitator.

Effective implementation plans will address key questions:

Who? – The People
- Who are the members of the organizing committee?
- Who will provide the funding for the program?
- Who will be the people recruited for the program?
- Who will meet and introduce the program speaker?
- Who will the program reach?
- Who will facilitate or train?
What? – The Substance
■ What kind of program do you want to do?
■ What will the program accomplish?
■ What resources (i.e., money, staff, equipment) are needed to implement the program?
■ What type of recruiting will you do?

When? – The Timing
■ When will the event take place?
■ When will the speaker arrive?
■ When will the health ministry committee purchase the refreshments?
■ When will the flyers be designed? Produced? Distributed?

Where? – The Location
■ Where will the program be held?
■ Where will the committee meetings take place?
■ Where will the program refreshments be purchased?
■ Where will the video equipment be stored in the church?

How? – The Method
■ How will the chairs be organized for the program?
■ How will meeting agendas be distributed to the committee members?
■ How will the Web site be created for the program?

The template on page 120 is a great resource for implementation planning.

Implementation Team: Organizing, Planning, and Conducting Meetings
Planning team or committee meetings is one of the most important aspects of the implementation and execution process. Meetings may be the primary means of communicating, solving problems, generating support and, ultimately, having a successful program. The team leader should view meetings as the primary method to harness the power of the group that will create, design, and implement the program.

The planning team or committee will develop and utilize the implementation plan timeline to create a meeting schedule that covers the duration of the planning, implementation, and evaluation of the program. This will include a post-event meeting for feedback and evaluation purposes. The team or committee should determine meeting frequency based on where the group is in the planning and implementation process.

Meetings generally occur more often at the beginning of the planning process, as the program is being designed, and during the final phases of the implementation process, as the program date approaches.

Committee Membership
While most programs can be managed by a small number of people, the work of the church always reflects the interest of the entire congregation. Including a broad range of church members on a program committee can be key to implementing a successful program, improving the knowledge and skills of committee members, and providing an avenue to nurture emerging leaders. Program committees should be made up of congregants with a wide range of skills to accomplish the work involved.

Meeting Agenda and Notes
The meeting agenda will guide each meeting, and the notes will serve as a record of topics discussed and decisions made during each meeting. The agenda and notes should include the key components of the plan, as well as the goals, objectives, and tasks necessary for program implementation. The agenda and notes will also include the names of the committee members, the committee leadership structure, and the name of the person(s) responsible for completing each assignment.
The meeting agenda for each meeting should be submitted to the committee at least two days before the meeting. Those responsible for making presentations at the meeting should be informed of their responsibilities beforehand. The notes documenting each meeting should be shared with all committee members within a few days after the meeting.

The meeting agenda should be seen as a planning document that is constantly being revised, updated, and modified to reflect changes in the program. Committee members should know the status of each component of the implementation process based on the agenda and notes. If an idea has been shared, it must be documented in the notes and distributed to each member in a timely manner. Without this written document, there may be problems in the implementation of the program.

A sample meeting agenda and a template for note-taking may be found on page 122.

Planning the Meeting

Meetings can be enjoyable, efficient, and effective gathering times for the program team or committee. By carefully planning the agenda, conducting meetings with a congenial and supportive attitude, and recognizing the collective effort of those involved, the team can help ensure a successful meeting and a successful program.

Characteristics of an Effective Meeting

The key characteristics of an effective meeting include:

- **Goal-oriented** – Remain flexible but focused on the objectives of the meeting. Review the meeting objectives with the team before the meeting starts and ask them if there are any missing topics. Topics that are brought up during the course of the meeting may be acknowledged and included in the notes as a topic for the next meeting. A “parking lot” is often a term used to capture information that’s important, but outside of the primary objectives of the current meeting.

- **Clear Role Delineation** – As action items are identified, the team should determine the person best suited to carry out specific tasks. Be sure to utilize the expertise and feedback of those in attendance. Always ensure that the committee members have the necessary expertise to accomplish their tasks. If the committee does not have enough members to accomplish certain tasks, then more members must be recruited or external partners must be engaged.

- **Solution-oriented** – Proactively confront major roadblocks to program implementation and solicit the active engagement of committee members. Problem-solving through communication, critical review, and the sharing of ideas is a key function of the committee.

Managing the Meeting

Well-conducted meetings are critical to the success of the program implementation process. The person managing the meeting should:

- Maintain a cohesive environment. – Ensure that people know each other, hear each other, and respect each other’s opinion.

- Seek input of committee members. – Each member of the committee should be recognized for their role in contributing to the success of the program. Their input should be sought on the goals of the program and throughout the implementation process.

- Keep meetings on task. – As there is an agenda to be followed, each point must be addressed in a timely fashion and the discussion must remain focused even while including points of conflict or disagreement. Summarize conclusions reached on each agenda item. Be as inclusive as possible when soliciting feedback and encouraging participation.

- Begin and end meetings in a timely manner. – Honor the meeting time and agenda. Start the meeting on time and end on time. If the time committed to an item needs to be revised, ask members for their opinions as needed or communicate the rationale for changes you decide to make.

- Respect your fellow volunteers. – Serve as an example of shared leadership by recognizing the value of each member of the committee. Be respectful in the quality and quantity of your speech and treatment of each person. Maintain a level of fairness and keep people focused on the program.
Communicating with Leadership

One of the key factors in implementing a successful program is getting the support of the pastor. Ensuring that your program is consistent with your church or faith organization’s overall mission and planning process, especially for health-related programs, is vital. The pastor, health ministry leader, or other key ministry leaders can be helpful in managing the program, securing resources, recruiting participants, and solving programs.

Develop a strategy for maintaining communication with key leaders in the church. Ask them for their ideas, feedback, and support. Let them know that you are a resource for them through your support of the church’s health programs and your role to support their leadership by managing the Partnership for Life program. Be clear about what you need from them in terms of human, physical, and financial support. Your plans must be in concert with their goals and the church or faith organization’s resources.

Striving for Success through Program Analysis and Evaluation

A successful program can only be measured through an evaluation, whether by informally questioning program participants or by completing a more thorough and formal evaluation process. The general purposes for an evaluation include:

- Gaining knowledge
- Improving performance
- Assessing program effects
- Understanding impact on participants

An evaluation can help the program planning committee better understand various aspects of the program implementation process, including the design, outcomes, goals, facilitation, curriculum, outreach methods, and recruitment strategy. It serves as a valuable tool for exploring the effectiveness of the program, documents accomplishments, and justifies resource allocations.

There are several kinds of evaluations that can be used. The two types most relevant to evaluating an implemented program include:

- Process Evaluation – Reviews the implementation and operation of the program components. This approach is useful when evaluating program activities and identifying any changes or modifications.
- Outcome Evaluation – Assists program planners in determining the overall effectiveness of the program in comparison to program goals and objectives. This approach allows planners to determine if program goals were met and include strategies for improving outcomes.

Some key factors to keep in mind when determining how to use an evaluation:

- Evaluation Plan – From the outset of the program implementation process, you should determine what the focus of the evaluation will be. This will enable you to identify the proper resources, determine what data must be collected and when, create the proper evaluation tools, and develop a timeline for completing the evaluation. You may be able to survey program participants prior to the program, at the conclusion of the program, and even at various intervals during the program.
- Evaluation Purpose and Use – Evaluations generally help provide knowledge, improve program design and implementation procedures, or help examine the relationship between the program and the consequences on participant behavior and attitudes. The evaluation should be focused on helping committee members understand the impact that the program had on the health of the participants.
- Data Collection and Reporting – Collecting data from participants will involve various steps that will help you understand the effectiveness of your program. The results of the evaluation process need to be reported in a fashion that reflects the integrity of the program design and prioritizes care and concern for the participants. Maintaining confidentiality is a major concern, especially when completing evaluations within a closed community like a church.

Developing a Communication Strategy

One of the key components of any implementation plan is the communication strategy. The information and ideas that will foster a positive response to the program should be presented in the most effective way possible to maximize participation by members of your church or faith organization.

The basic questions of a communication strategy will include:

- Who would you like to take part in the program?
- What is being communicated about the program?
- How will you market the program?
- When should the communication begin and end?
Who is the audience?
Participation in a program is impacted by your program design, the program presenters, when you offer the program, and your program goals. An effective communication strategy requires program planners to be very conscious of their potential audience. For instance, if you are hosting a breast cancer program, your primary audience may be women but since men are the caregivers, you may want to reach out to them as well.

What is the message?
The communication strategy must focus on maximizing the participation of the target audience. To ensure effective program outreach efforts, a marketing strategy must be centered on a clear message that appeals to the designated audience through the proper language, visual images, and sounds, where appropriate.

How will the program be marketed?
There are many ways to market the program to the various audiences. The traditional marketing approach includes the following promotional materials:
- Flyers
- Posters
- Brochures
- Press releases
- Newsletters
- Church bulletins
- TV and radio announcements

Thanks to computer and Internet technology, the program can be marketed using:
- Email messages, both individual and listservs
- Web site postings
- Computerized phone messages

Thanks to computer and Internet technology, the program can be marketed using:
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- Computerized phone messages

These services are offered for free or at very reasonable prices. Using Web-based services as part of a communication strategy is not only easy and inexpensive, but is becoming more effective for maintaining continuous contact with current and potential church members.

Spreading the Word
An implementation strategy involves action planning. The communication strategy must be time-bound and involve distributing different marketing materials at various stages of the recruitment/advertising process. Outlining the communication approach early in the implementation process will ensure that the right message is presented to potential audience members at the right time and in a precise manner.
### Implementation Guide Checklist

#### PLANNING PROCESS OVERVIEW
- Program Idea Outlined
- Received Pastoral Support
- Organized Committee
- Developed Program Description
- Developed Program Title
- Developed Program Goals

#### PROGRAM RESOURCES
- Church Ministry Support
- American Cancer Society Support
- Program Location and Facility
- Program Funding
- Program Facilitator(s)

#### PROGRAM TIMELINE
- Program Coordinated into Church Calendar
- Program Date Secured
- Program Planning Meeting Schedule
- Program Resources Obtained
- Program Evaluation Planned
- Program Recruitment/Marketing Schedule
- Event Location Staging and Resources

### Program Planning Timeline

#### 12-MONTH PLANNING – MONTHS TO PROGRAM

**10-12 MONTHS TO PROGRAM**
- Generate program idea.
- Share program idea with church leaders for feedback.
- Get church leadership support.
- Coordinate program date with general church calendar.
- Identify and recruit program committee members.
- Secure program meeting location.
- Hold initial meetings with program committee.

**6-9 MONTHS TO PROGRAM**
- Hold regular meetings with program committee.
- Secure program funding.
- Market program to church members – Bulletins, newsletters, Web site, social media, and emails.

**3-5 MONTHS TO PROGRAM**
- Secure program facilitators/speakers.
- Distribute general program marketing materials – Invitations.
- Hold regular meetings with program committee.

**1-2 MONTHS TO PROGRAM**
- Design program participant evaluation.
- Distribute program marketing reminders.
- Hold regular meetings with program committee.

**1 MONTH TO PROGRAM**
- Gather program resources.
- Prepare program materials.
- Design program evaluation.
- Hold program reminder meeting with pastor.
Church’s Health Ministry Committee Survey

In the Partnering for Life program, the church’s health ministry committee is responsible for planning, managing, and implementing the program. As a member of the committee, your participation in this survey is needed to help us improve the effectiveness of future programs. Please provide any comments that you feel will help explain your responses.

1) Was the program easy to implement in your church?  Yes  No
   a) Was the Partnering for Life tool kit provided by the American Cancer Society helpful in the implementation process?  Yes  No
   b) Did the Partnering for Life tool kit provide you everything you needed to implement the program?  Yes  No
   c) Please describe any specifics issues that made implementation more difficult.
__________________________________________________________________________________________
__________________________________________________________________________________________

2) Were the materials and information provided appropriate for church participants?  Yes  No
   a) What suggestions do you have for making the materials and information more appropriate for church participants?
__________________________________________________________________________________________
__________________________________________________________________________________________

3) Did the information provided by the American Cancer Society help you understand your role as a health ministry committee member?  Yes  No

4) What strategies were used in your church to recruit program participants? ________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
   a) What strategies do you feel worked best? _____________________________________________________
_______________________________________________________________________________________

Program Planning Timeline Continued

<table>
<thead>
<tr>
<th>12-MONTH PLANNING – MONTHS TO PROGRAM</th>
<th>PLANNING STAGE AND PHASES</th>
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<tbody>
<tr>
<td>DAYS OF EVENT(S)</td>
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<tr>
<td>Prepare program meeting space</td>
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<td>Bring program materials, equipment, and resources to the meeting space</td>
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<tr>
<td>Greet program facilitator</td>
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<td>Host program</td>
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<tr>
<td>Distribute program participant evaluation</td>
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<td>1 MONTH AFTER PROGRAM</td>
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<tr>
<td>Meet with program committee to evaluate program</td>
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<tr>
<td>Send thank-you letters to church leaders, program facilitator(s), committee members, and program attendees</td>
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<tr>
<td>1-2 MONTHS AFTER PROGRAM</td>
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<tr>
<td>Send program evaluation and report to church leaders. Complete program follow-up activities</td>
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5) Were you satisfied with the program?  Yes  No  
   a) Why or why not? (Please explain.)  ____________________________________________________________
   ____________________________________________________________________________________________

6) Based on your experiences, what would you change about the program?  ______________________________________
   ____________________________________________________________________________________________
   a) What you leave the same?  ___________________________________________________________________
   ____________________________________________________________________________________________

7) Please use the space below to make any additional comments.  _____________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

Thank you.

---

Sample Program Evaluation

Title of Activity/Program: ____________________________ Date: ______________

Directions: Please circle your answers

Please rate the quality of the presentation?  Very Good  Satisfactory/Average  Unsatisfactory/Poor
Please rate the usefulness of the presentation?  Very Good  Satisfactory/Average  Unsatisfactory/Poor
Please rate the quality of resources or materials provided?  Very Good  Satisfactory/Average  Unsatisfactory/Poor
Please rate the quality of the presentation facilitator?  Very Good  Satisfactory/Average  Unsatisfactory/Poor
Please rate the overall quality of the activity/program?  Very Good  Satisfactory/Average  Unsatisfactory/Poor

Do you plan to share the information you learned with family/friends?  Yes  No  Maybe
Would you recommend this program to your family/friends?  Yes  No  Maybe

I especially liked:  ____________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________

Please provide any information that would help in improving this program:  ____________________________________
   ____________________________________________________________________________________________
   ____________________________________________________________________________________________
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# Action Planning Worksheet

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<th>Implementation</th>
<th>Evaluation</th>
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<td>What needs to be done?</td>
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Sample Meeting Agenda

Cancer Awareness Program • May 23, 2014

Meeting called by: ______________________________
Type of meeting: _____________________________
Facilitator: _________________________________
Note taker: _________________________________
Timekeeper: _________________________________

Attendees: ___________________________________________________________________________________
Please read: __________________________________________________________________________________
Please bring: _________________________________________________________________________________

Agenda

Discussion: ___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Conclusion: __________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Sample Meeting Agenda
Congregant Health Assessment

Please complete the following form. Thank you.

This survey is designed to be anonymous. The only identifying information associated with it will be your ZIP code. All information will be held in the strictest confidence. Please do not write your name or other identifying information on the survey.

Age:  __18-29  __30-39  __40-59  __60-79  __80 and older

Sex:  __Male  __Female

Race/Ethnicity*:  __B/AA  __His/La  __API  __Nat. Amer.  __W  __DNR
*B/AA=Black or African American | His/La= Hispanic or Latino | API= Asian Pacific Islander | Nat. Amer. = Native American | W= White | DNR= Did Not Respond

ZIP Code:  _______________________

Status:  __Single  __Married/Partnered  __Separated  __Divorced  __Widowed

Ages of Children:  _______________________________________________________

Please check if you have had or currently have any of the following:

__Heart Disease  __High Blood Pressure  __Stroke  __Hearing Loss  __Diabetes  __Back/Neck Pain

Please circle the best answer that pertains to you.

How would you rate your overall health?

a) Excellent  b) Good  c) Fair  d) Poor

How many times a week do you engage in regular exercise?

a) 5 or more times  b) 3-5 times  c) 1-3 times  d) Occasionally  e) Never

How many times a week do you pray?

a) 7 or more times  b) 3-6 times  c) 1-2 times  d) Occasionally  e) Never

On average, how many times a week do you eat fast food?

a) 5 or more  b) 3-4  c) 1-2  d) Occasionally  e) Never

How many cans or cups of caffeinated soda and/or coffee do you drink a day?

a) 5 or more  b) 3-4  c) 2  d) 1  e) None

Do you wear a seat belt?

a) Always  b) Usually  c) Sometimes  d) Occasionally  e) Never

Do you wake up in the morning feeling rested?

a) Always  b) Usually  c) Sometimes  d) Occasionally  e) Never
Do you have friends and/or family members you can talk to when you are having a hard time?
   a) Always   b) Usually   c) Sometimes   d) Never

Do you experience loneliness, sadness, depression, or overwhelming grief?
   a) Always   b) Usually   c) Sometimes   d) Never

I am the primary caregiver that is responsible for:
   a) An aging relative   b) A special needs child   c) A special needs adult   d) NA

Do you feel overwhelmed by caring for that person(s)?
   a) Always   b) Usually   c) Sometimes   d) Never

Please answer yes, no, or not applicable to the following:

Do you eat together as a family three or more times a week?
   __Yes   __No   __N/A

Do you eat at least 2½ cups of fruit and vegetables a day?
   __Yes   __No   __N/A

Do you use herbal supplements?
   __Yes   __No   __N/A

Do you believe you are overweight?
   __Yes   __No   __N/A

Do you or someone in your immediate family have an eating disorder?
   __Yes   __No   __N/A

Has anyone ever told you or do you believe alcohol is interfering in your life?
   __Yes   __No   __N/A

Do you think you have a chemical problem? This could include alcohol, illicit drugs, or prescription drugs.
   __Yes   __No   __N/A

Are you concerned about a friend or family member with an alcohol, illicit drug, or prescription drug problem?
   __Yes   __No   __N/A

Do you smoke or chew tobacco?
   __Yes   __No   __N/A

Do you feel overwhelmed by stress in your life?
   __Yes   __No   __N/A

Do you feel safe in your home?
   __Yes   __No   __N/A

Do you see your doctor for a physical every one to two years?
   __Yes   __No   __N/A

Do you see your dentist every year?
   __Yes   __No   __N/A

Do you see your eye doctor every year?
   __Yes   __No   __N/A

Do you get a tetanus vaccination every 10 years?
   __Yes   __No   __N/A

Women: Do you do monthly self-breast exams?
   __Yes   __No   __N/A
### Women: Do you have a Pap smear done yearly?
- Yes
- No
- N/A

### Women 40 and Over: Do you have a mammogram done yearly?
- Yes
- No
- N/A

### Men and Women 50 and Over: Have you been screened for colorectal cancer?
- Yes
- No
- N/A

### Men 45 and Over: Have you had a discussion with your health care provider about the pros and cons of prostate cancer testing?
- Yes
- No
- N/A

### Do you have a living will or advanced directive?
- Yes
- No
- N/A

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**Please answer the following questions to the best of your ability.**

**What health topics would you like more information about?**

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

**What are some of the practices you do regularly to maintain your spiritual health?**

- Prayer
- Worship
- Meditation
- Bible reading
- Study
- Other

(Please explain)_________________________________________________________________________________________________

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**In what ways do you notice the interaction of spiritual health and physical health?**

________________________________________________________________________________________________________________

________________________________________________________________________________________________________________

**What part can the church play in promoting wellness?**

____________________________________________________________________________________________________________

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**Would you like to learn to eat healthier?**

- Yes
- No

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**Would you like to learn how to do more physical activities?**

- Yes
- No