

COMPROMISO/COMMITMENT

CANCER AWARENESS CURRICULUM

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EL PASO, TEXAS
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PREFACE

"Compromiso"/"Commitment", a cancer awareness curriculum, was designed in response to a need for El Paso Lower Valley residents to receive accurate and clear information on cancer from medical providers. It was developed for men and women who are interested in obtaining risk reduction knowledge. It is also for those who wish to analyze and change aspects of their individual attitudes, beliefs, and practices as they relate to cancer prevention.

The curriculum is divided into five units:

HEALTH
AWARENESS
PREVENTION
DETECTION
TREATMENT & LOCAL RESOURCES

Each unit has several activities in which students are required to participate. Participants will obtain information that will help them improve or change habits pertaining to nutrition, smoking, drinking, etc. by exploring their own cultural and social values.

Each section includes an abundance of ideas, and a variety of learning activities, and is about two hours long. A comprehensive pre- and post-exam which covers the objectives specified in each unit is included. This curriculum is still in its formative stages. Thus, it has been formatted so that it can be elaborated, adapted, and tested by different groups in the community for finalization at a later date.

The curriculum can be facilitated by someone knowledgeable in cancer information. The local American Cancer Society office can provide a wealth of background reading for updates and scientifically accurate content. Additionally, because the target audience is low-income, low-literacy Mexican Americans, sensitivity, bilingual/bicultural knowledge and skills are also prerequisites to effective delivery of the curriculum as offered at this point.

ACKNOWLEDGMENTS

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Thanks for their participation in making this program possible.

Sandra Hernandez
Author of Curriculum
"Compromiso"

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**UNIT I - HEALTH
OBJECTIVES**

A. General Objectives

Participants will obtain information on the concepts of health and illness. They will also analyze their own lifestyles in order to modify the habits and attitudes that are affecting their health.

B. Specific Objectives

Upon completing this unit, participants will be able to:

1. Define the concepts of health and illness.
2. Recognize the three most important ways to measure health risks.
3. Identify three or more actions that will help maintain good health.
4. Distinguish between positive and negative health messages.

UNIT I - OVERVIEW

SUBJECT AREA	ACTIVITY TITLE	TIME	METHODOLOGY	RESOURCES
Agreement, Pre-test, Introductions	Knowing Our-selves	15 minutes	Presentation	Pre-tests, Cooperation Agreement, flip chart, chalk board, markers, tags
Definition of Health	Learning About Good Health	15 minutes	Lecturette & Brainstorm	Flip chart, chalk-board, markers
Continuum of Health/ Illness	Save Yourself	15 minutes	Lecturette & Discussion	Aircraft model, aquarium model, flip chart, markers, blackboard
Lifestyle	Reviewing The Parachutist	30 minutes	Discussion Story, Visuals	Parachute model, aquarium, flip chart, markers, blackboard
Postponing Health Care	Today is My Day, Tomorrow Is Yours	15 minutes	Story, Discussion	Heart frames, scotch tape, pictures, "Story of Love"
Positive and Negative Health Messages	The Good And The Bad	15 minutes	Brainstorm, Visuals	Flip chart, magazines, scissors, glu
Health Messages	Gossip	15 minutes	Discussion	None

UNIT I - ACTIVITY 1
KNOWING OURSELVES

Length: 15 minutes

Resources: Copies of the pre-test, copies of the cooperation agreement, pencils, pens, tags with the names of the students, markers, and a flip chart or board to write on

Steps:

1. Introduce yourself. Describe the program, the goals of the course, and its contents using the preface.
2. Distribute, administer and collect the pre-test.
3. Distribute respective name tags.
4. Have each student introduce him/herself giving name, age, occupation or activity, hobbies, and his/her reason for taking the course in one minute.
5. Ask if any student completed the agreement of cooperation at the time of registration.
6. Give a copy of the agreement of cooperation to those students who need it, review it orally, and have the student complete it.

UNIT I - ACTIVITY 2
LEARNING ABOUT GOOD HEALTH

Length: 15 minutes.

Resources: Flip chart, markers and/or blackboard

Steps:

1. Ask the participants to share the concepts of health that they have.
2. Note their ideas exactly as they are said on either the flip chart or board.
3. If some of the concepts or vocabulary used by a participant are not clear enough, have the participant clarify and give an explanation in detail.
4. Analyze all the ideas written, one by one.
5. Come to an agreement on the idea that is common to all and acceptable according to the standard concept of health. (Health is a physical and mental behavior. Dangerous changes behavior will jeopardize healthy functioning of the body and mind.)
6. Ask for questions and provide answers.

UNIT I - ACTIVITY 3
SAVE YOURSELF

Length: 15 minutes

Resources: The facilitator will use an airplane or parachute made of any kind of material (cardboard, fabric, etc.). The size of the airplane will be 26 X 36 inches, and it will be made in bright colors. If the materials cannot be obtained, the facilitator will make drawings of these before presenting this activity.

Steps:

1. Discuss the concepts of health/illness as one concept. (The purpose of this discussion is to give the participants the idea that this concept is lifelong. Very often we cannot recognize where one concept ends and the next one starts.)
2. In order to illustrate this idea, use the parachute or airplane drawing. State the following:
 - * PARACHUTIST: Imagine that there is a person who is healthy inside the airplane but develops an illness when she/he jumps into space. Yet, when the person jumps or falls off the airplane, she/he has some options. One of those options is to use the parachute. The question is, when will the parachutist take the risk and what is the reason to risk him/herself?
 - * AIRPLANE: In this case, the plane represents health. At any point, someone may fall from the plane. The person has various options. One of the options is to use a parachute. The question is, like in the previous parachute example, when did the person take the risk and what is the reason for risking him/herself.
3. Ask the participants to answer the respective question above for either diagram.
4. Have them write the answers on the blackboard or flip chart, or discuss. As soon as they reach answers acceptable to everybody, write them down. Emphasize that in medicine the concept of illness is a physical or mental change in health.

UNIT I - ACTIVITY 4
REVIEWING THE PARACHUTIST

Length: 20 minutes

Resources: Parachute drawing, flip chart, markers and blackboard

Steps: This activity is a continuation of the previous activity, in case the parachutist model has been used before.

1. Mention to the participants that the model of the parachutist is used in every action we take in order to protect ourselves from illness.

2. Ask the participants what actions and/or aspects they should consider as indicators of deteriorating health. In other words, each participant should be aware of the activities she/he will develop to check his/her parachute.

3. Take note of the activities or aspects mentioned that are more relevant. Examples are: changes in eating habits, periodic check ups by doctors, exercises, sex activities, age, family history, etc.

4. Briefly and clearly explain the example above to the participants.

5. Ask the participants when, according to their opinions, a person is not in good health and what can be done to prevent illness. The answers will be written on the blackboard, and then they will be explained in order of importance.

UNIT I - ACTIVITY 5
TODAY IS MY DAY, TOMORROW WILL BE YOURS

Length: 15 minutes

Resources: Heart frames (26" X 36") (make in advance), scotch tape, pictures, and "Story of Love"

Steps:

1. Ask each participant for a wallet-size picture.
2. Have each student assemble his or her picture in the heart frame.
3. Explain to each participant that the heart frame represents the love he/she feels for the person who is in the picture.
4. Tell the participants you are going to tell them a short story about the risks that a typical loved one can be exposed to.
5. Tell them it is entitled "The Story of Love".
6. The name used in the story should be a name that can be used for both sexes.
7. After finishing the story, ask them the following questions:
 - a. What kind of risky job might his person have?
 - b. How does this person enjoy life?
 - c. With whom is this person having fun?

UNIT I - ACTIVITY 6
THE GOOD, THE BAD, AND THE UGLY

Length: 5 minutes

Resources: Flip chart, markers, magazines, scissors, glue
and/or scotch tape, blackboard

Steps: Inform students that this activity is about
messages that influence people's lives.

1. Write the words "positive" and "negative" on the blackboard or on a flop chart.
2. Ask students to randomly cite any health messages they have heard.
3. Ask the students to analyze if they are positive or negative and to indicate why they are categorized the way they are.

(* This activity can also be developed using magazines. Post pictures from the magazines on the blackboard or flap chart. This procedure can be very helpful when some of the participants are low literate or when the facilitator wants more participation. Colorful images allow for even more class stimulation/participation.)

UNIT I - ACTIVITY 7
GOSSIP

Length: 15 minutes

Resources: None

Steps:

1. Make the following homework assignments:

"Observe the following before the next class:

Billboards
TV commercials
Radio commercials
Newspaper ads."

2. Tell the students to be prepared to discuss their observations.

Project "COMPROMISO"/"COMMITMENT"
Cooperation Agreement

This form explains the outline of the program in the fight against cancer.
Read it carefully and place your initials before each statement if you agree.

- ___ I wish to participate in project "COMPROMISO", which is an orientation on the prevention of cancer and consists of five sessions.
- ___ I wish to participate in project "COMPROMISO", in which results will depend on my commitment to better my lifestyle.
- ___ I understand that to reduce the risk of developing cancer I must improve my eating habits and also increase my physical activities.
- ___ I understand I need discipline and the desire to learn in order to participate in this program.
- ___ I will participate on my own free will.
- ___ I understand that participation in this program and following all prior steps is not a guarantee that I will not develop cancer.
- ___ I agree to pass on the information I learn to another person.
- ___ I _____, agree to participate in project "COMPROMISO", so that I can contribute to the prevention of cancer.

NAME

WITNESS

DATE

What Do You Know About Cancer?
Pre-Test

Name: _____ Date ____/____/____
Reg. # _____

Read each question and circle the best answer.

1. What is health?
 - a. Being happy
 - b. Feeling fine both physically and mentally
 - c. Appropriate behavior with other persons

2. What does being healthy depend on?
 - a. Family atmosphere
 - b. Visiting the doctor frequently
 - c. Drinking herbal teas

3. What habits can better our health?
 - a. No smoking and no drinking
 - b. Eating foods high in fat
 - c. Exposure to sun rays without protection

4. Which of the following risk factors contributes to the development of cancer?
 - a. Overweight
 - b. Eating foods without fiber
 - c. Excess sugar in your blood stream

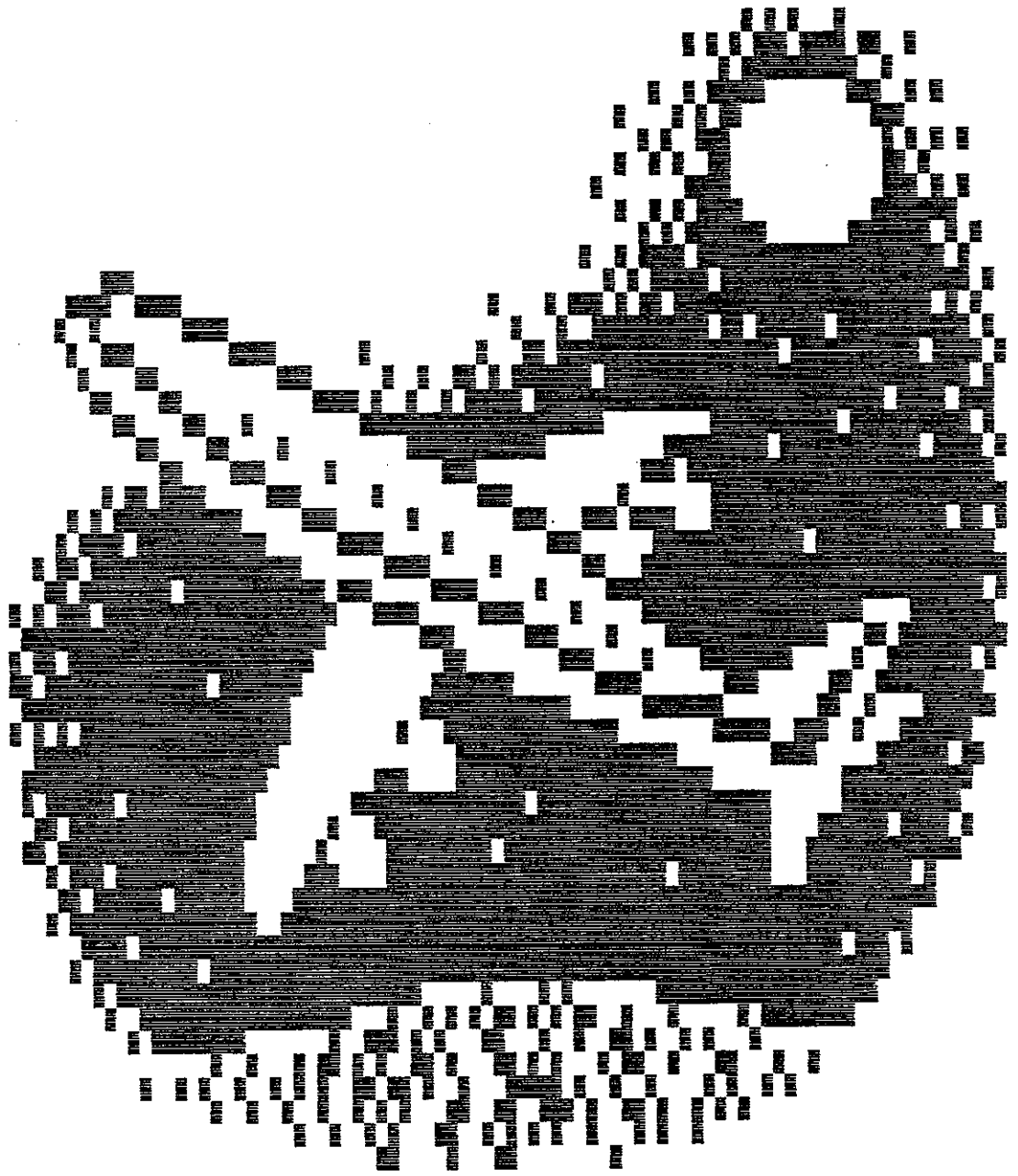
5. How can knowledge about our body assist us and others?
 - a. We can give anatomy classes to others.
 - b. It helps prevent illness.
 - c. It helps us care for ourselves and others better

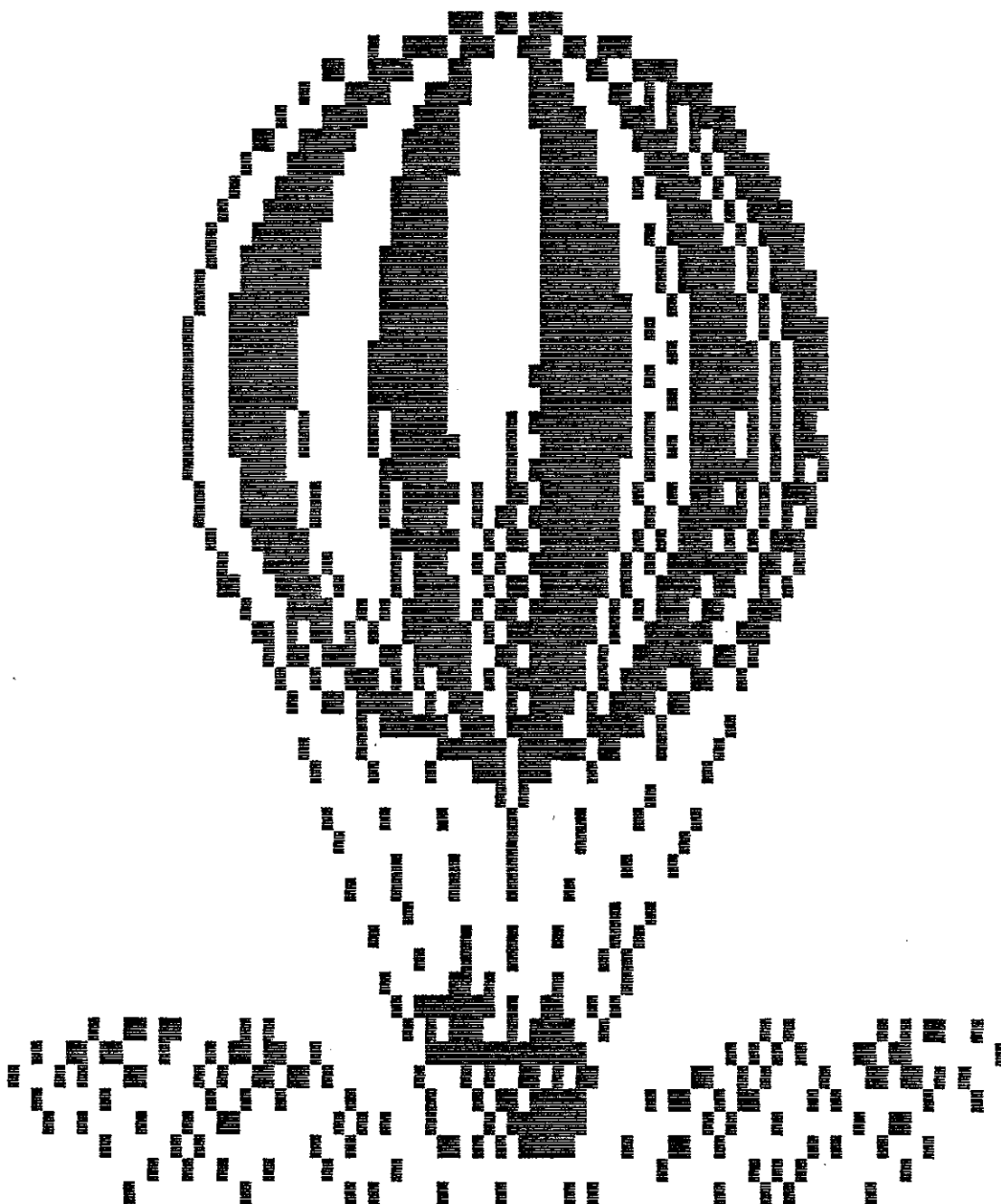
6. Which of the following is true?
 - a. Cancer is contagious to those you live with and work.
 - b. Cancer is not contagious.
 - c. Cancer is contagious to only those you live with.

7. What can you do to better your lifestyle?
 - a. Know the risk factors that can prevent illness
 - b. Know persons who have cancer
 - c. Know what medications can cure

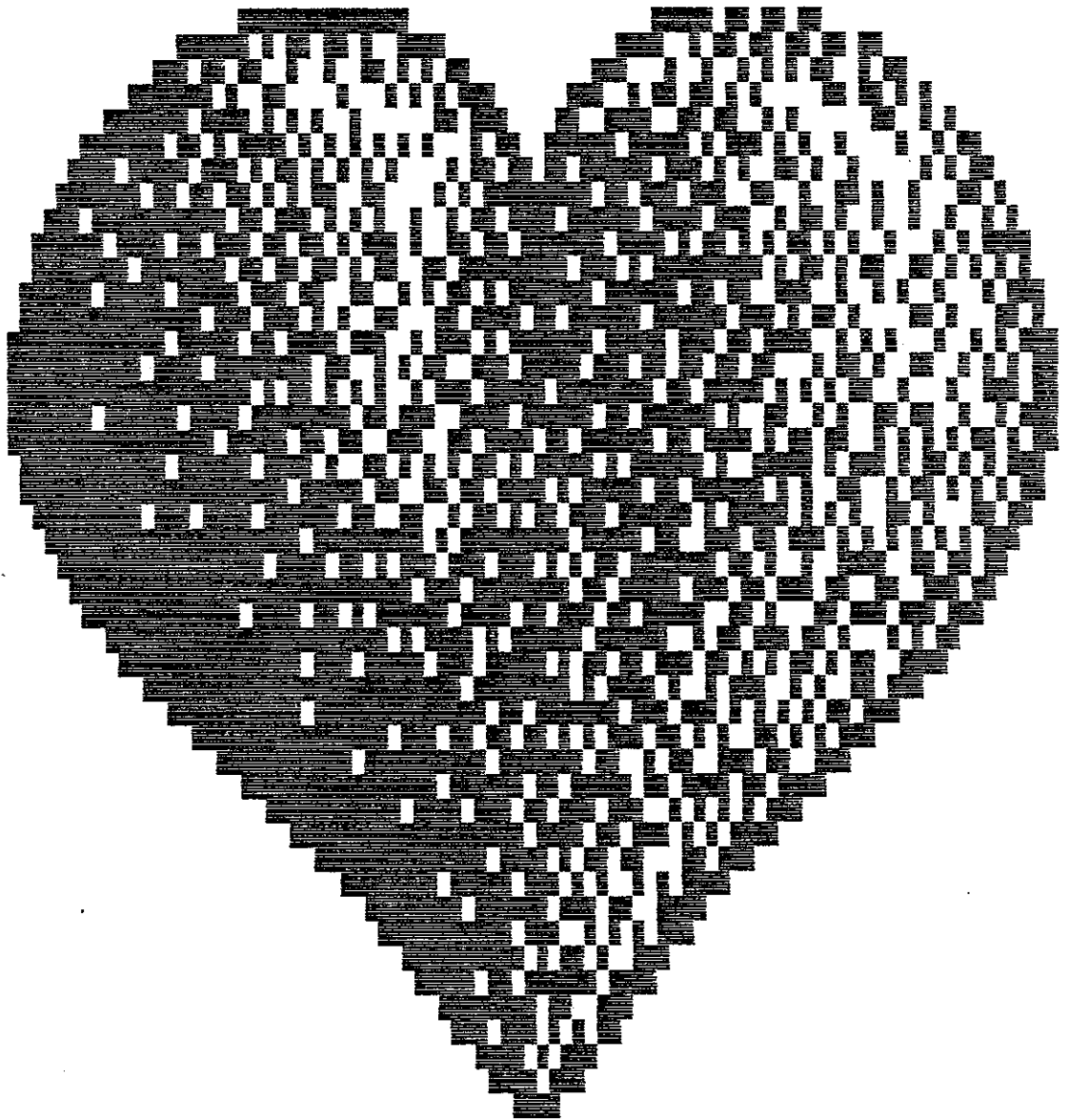
8. Which foods can contribute to the development of cancer?
 - a. Green vegetables
 - b. High salt foods
 - c. Wheat bread
9. What is the basis of a healthy life?
 - a. Perseverance
 - b. Working 8 hours a day
 - c. Getting married and having lots of children
10. How can cervical cancer develop?
 - a. Smoking at an early age
 - b. Having many sexual partners
 - c. Lacking fiber in your diet
11. When should you conduct a self-breast examination?
 - a. Once a year
 - b. Once a month after each menstrual cycle
 - c. At the age of 25 only
12. Who should have a prostate exam?
 - a. Men over 45 years of age
 - b. Women under the age of 45
 - c. Men after their first sexual relations
13. Which of the following cause cancer?
 - a. Contamination with chemical agents
 - b. Habits like smoking and drinking
 - c. Both of the above can cause cancer
14. How can a person know if she/he has cancer?
 - a. Through medical exams by medical professionals
 - b. Weight loss
 - c. The presence of many moles on your body
15. What medical exams can detect cancer?
 - a. Blood test
 - b. Urine test
 - c. Colon or breast exam

16. What is most important in preventing cancer?
 - a. Early detection and proper treatment
 - b. Being younger than 45 years of age
 - c. Both of the above
17. Which of the following is a treatment for curing cancer?
 - a. Coloscopy
 - b. Pap smear
 - c. X-rays and medications
18. Which of the following treatments are most successful?
 - a. Chemotherapy
 - b. Radiation
 - c. Both, depending on the type of cancer
19. Do agencies exist in this community to help persons with cancer?
 - a. Yes, but there is only one agency.
 - b. No, you need to go out of town.
 - c. Yes, there is more than one agency.
20. Which of the following is the leading cause of death in the United States?
 - a. Diabetes
 - b. Cancer
 - c. Heart Disease





YOUR WELLNESS !



STORY OF LOVE

Guadalupe is a person like many others in our community. She/he is married and has responsibilities. Guadalupe works all day long to support his/her family which consists of a spouse and five children. She/he has felt very tired for some time now and has suffered physical discomfort, but she/he thinks that this discomfort is not serious enough to miss a day of work to go to the doctor. Guadalupe has been taking some medicine and drinking herb tea, but the discomfort gets worse every day. She/he wants to avoid missing a day of work because everything is so expensive these days, and missing work will cause a loss of income. Guadalupe thinks that the discomfort is due to fatigue and that sleeping an extra hour or two each day will result in recuperation.

UNIT II - AWARENESS
OBJECTIVES

A. General Objective

The participants will understand the importance of expanding their knowledge about health, especially cancer.

B. Specific Objectives

Upon completing this unit, participants will be able to:

1. Explain what cancer is.
2. Identify and explain the parts of the body where cancer can develop.
3. List at least three risk factors for developing cancer.
4. Recognize the difference between family risks and those risks related to life styles.
5. Distinguish between myths and facts about cancer.
6. List 3 factors that contribute to changing risky behavior.

UNIT II - OVERVIEW

SUBJECT AREA	ACTIVITY TITLE	TIME	METHODOLOGY	RESOURCES
Healthy Behaviors	Gossiping	15 minutes	Visuals, Discussion	Magazines, newspapers, T.V., radio
Definition of Aware & Awareness	Learning New Words	30 minutes		Flip chart, blackboard, markers
Cancerous Body Organs	Mario & Mary	30 minutes	Discussion, Lecturette	A sexual model of human body organs and/or systems, flip chart, blackboard
Health Risks	Reducing Risks	15 minutes	Discussion, Visuals	Flip chart, markers, paper, pencils, blackboard
Peer Pressure	Peer Pressure	15 minutes	Discussion, Lecturette	
Healthy Foods	Healthy Snacks	10 minutes	Discussion Eating	Recipes, healthy menus, papers, pencils
Healthy Habits	New Habits	5 minutes	Experiential Activity, Discussion	Not applicable

UNIT II - ACTIVITY 1
GOSSIPING

Length: 15 minutes.

Resources: Flip chart, blackboard, markers, magazines, newspapers

Steps: This is a follow-up activity to Unit I, Activity 7, a homework assignment.

1. Ask students to list messages they heard or observed as a homework assignment and have them explain how these messages can change their personal or family lives.
2. Write each one of the messages on the flip chart. Sometimes, the student will have the excuse that they didn't have enough time, etc. Motivate all the students to participate and explain to them that this homework does not take too long. While one student is explaining his/her message, the person who forgot his/her work can think about a message. It will be helpful to have a newspaper or a magazine in which the participants can recognize a message.
3. Once the messages have been written, list them according to these categories:

HEALTHY
BEHAVIOR

UNCERTAIN
BEHAVIOR

BEHAVIOR
THAT SHOULD BE CHANGED

UNIT II - ACTIVITY 2
LEARNING NEW WORDS

Length: 30 minutes

Resources: Flip chart, blackboard, markers

Steps:

1. Ask participants to define aware and awareness.
2. Give short and clear definitions of these words.
3. Ensure that the participants understand those concepts by asking each student what she/he understands.
4. After the final explanation, write the concept and its meaning.
5. Allow a few minutes to answer questions.

UNIT II - ACTIVITY 3
MARIO AND MARY

Length: 30 minutes.

Resources:

1. An asexual human body model which can be five feet in length.
2. Model of organs and/or human body systems that are vulnerable to cancer. The size of these models should be proportional to the body model size, and there should be something handy to glue them on the body model.
3. The models should all be prepared in advance.
4. The materials used can be flannel pieces in bright colors.

Steps:

1. Present the Mario and Mary model.
2. Point out parts of the body and its functional systems.
3. Ask each student to select an organ and/or body system.
4. After each student has selected an organ and/or body system, have him/her explain his/her knowledge of the organ and its relationship to cancer.
5. After each of the students' participation, correct and/or give an extensive explanation of the given information.
6. Take two or three minutes to answer questions.
7. **IMPORTANT:** Be honest with the participants. If there is an answer you do not know, indicate you will research the proper question and provide it during the next session.

UNIT II - ACTIVITY 4
REDUCING RISKS

Length: 15 minutes

Resources: Flip chart, blackboard, markers, a list of activities

Steps:

1. Write the following on a flip chart or blackboard.
BEHAVE LIKE THIS DO NOT BEHAVE LIKE THIS
2. Provide the students with a list of activities.
3. Place each activity under the above headings as considered appropriate.
4. The list will have the following activities:
 - * SMOKING
 - * DRINKING ALCOHOL
 - * EATING FOOD WITH A LARGE AMOUNT OF FAT, POOR IN FIBER
 - * WALKING A MILE DAILY
 - * TANNING WITHOUT PROTECTION
 - * HAVING SEX WITH MULTIPLE PARTNERS
 - * EATING FOOD RICH IN VITAMIN A AND C
 - * HAVING COMPLETE MEDICAL CHECK UPS TWICE A YEAR
5. Pass the activity list to all students and have each one choose the items she/he likes best.
6. After the activities are set up, have each participant give a short explanation of his/her item and its relationship to cancer.

UNIT II - ACTIVITY 5
PEER PRESSURE

Length: 15 minutes

Resources: Flip chart, blackboard, markers, pencils, paper

Steps:

1. Divide the class into two groups of students.
2. Have one group present family and/or social activities and discuss the effects of peer pressures to drink alcohol, eat fat food, smoke, etc.
3. Have the other group discuss the same issues.
4. Have each group select a moderator, and select one person who will take notes on the suggestions and results.
5. Write the answers on the flip chart.
6. Have discussion and analyze each answer.

UNIT II - ACTIVITY 6
HEALTHY SNACKS

Length: 10 minutes

Resources: "Vitamin A", "Eat Smart" recipes/healthy menus, pencils and paper

Steps:

1. Provide the students with healthy menus and recipes.
2. Ask the students to orally share healthy recipes. Healthy means no fat and rich in fiber.
3. Indicate that
4. Write the students' recipes down in a step by step form.

Optional

Resources: Grapes, cheese, crackers with fiber, natural juices, etc., or a dish previously cooked

Optional Steps:

1. Buy a healthy snack, within budget restrictions, and share it with all the participants.
2. Cook one of the recipes (if the place where the classes are held has a kitchen).

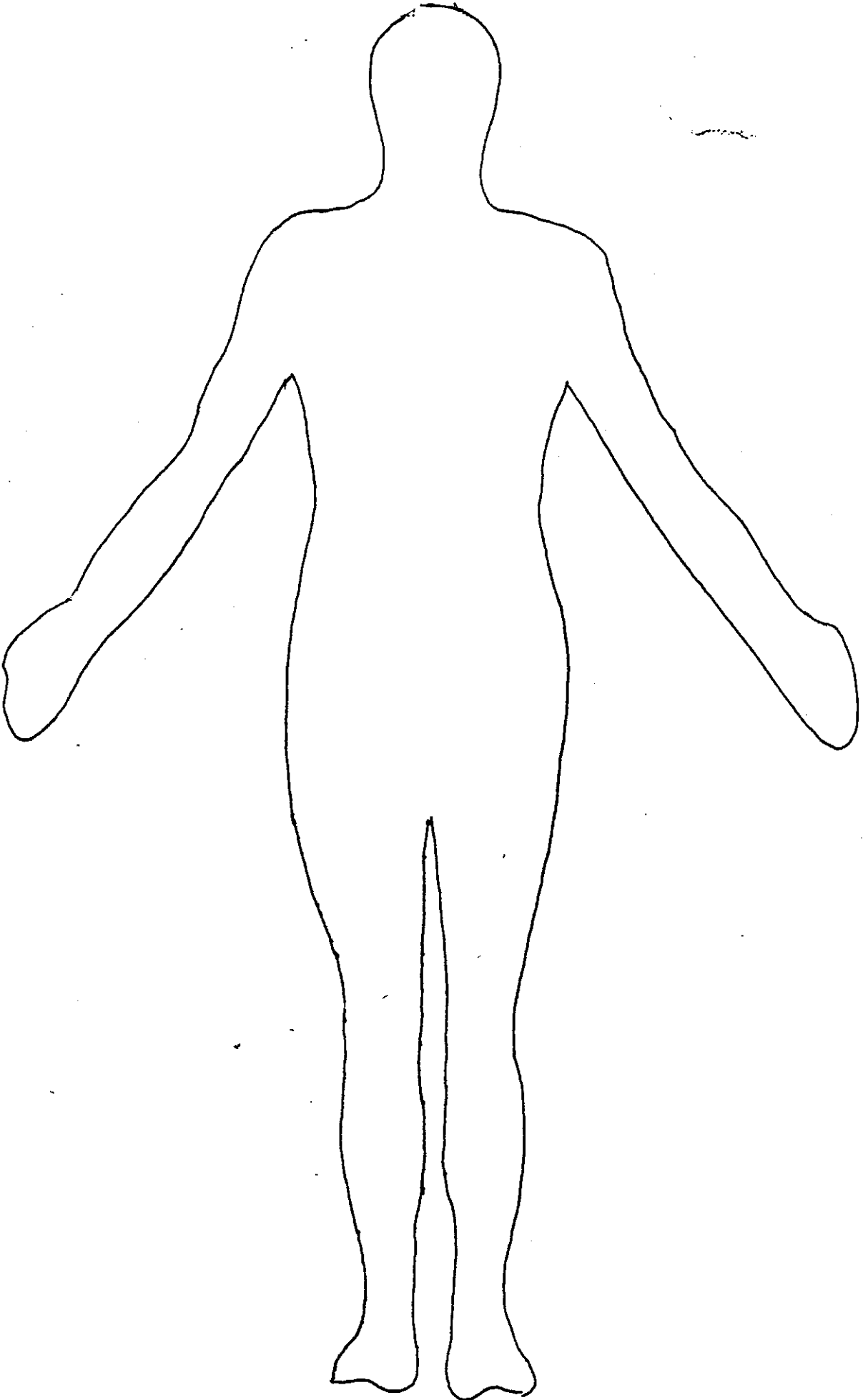
UNIT II - ACTIVITY 7
NEW HABITS

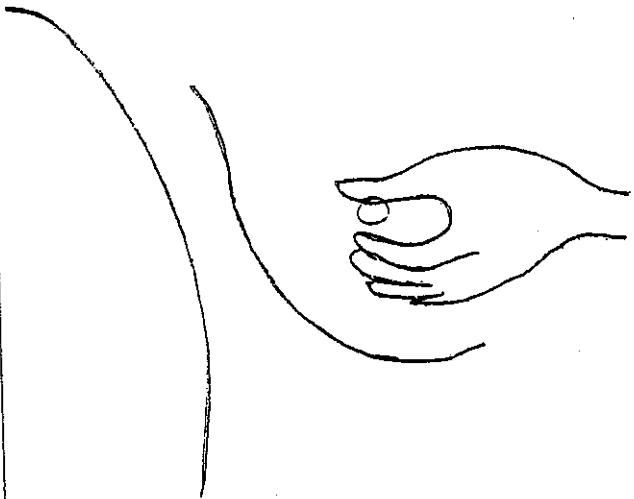
Length: 5 minutes

Resources: None

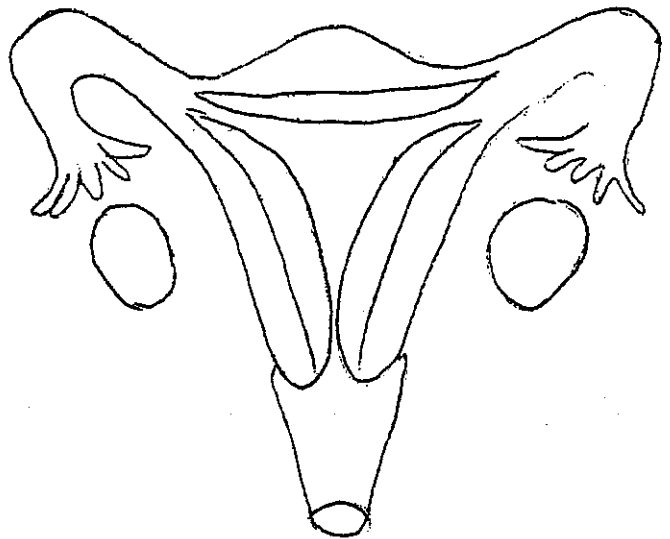
Steps: Explain the following homework assignment:

1. "Take a walk, with relatives or friends, on any day, at any time".
2. "Have a healthy weekend with family or friends eating healthy foods (rich in fiber and Vitamin A, low in salt and fat)."
3. Tell them to be prepared to share this experience at the next session.

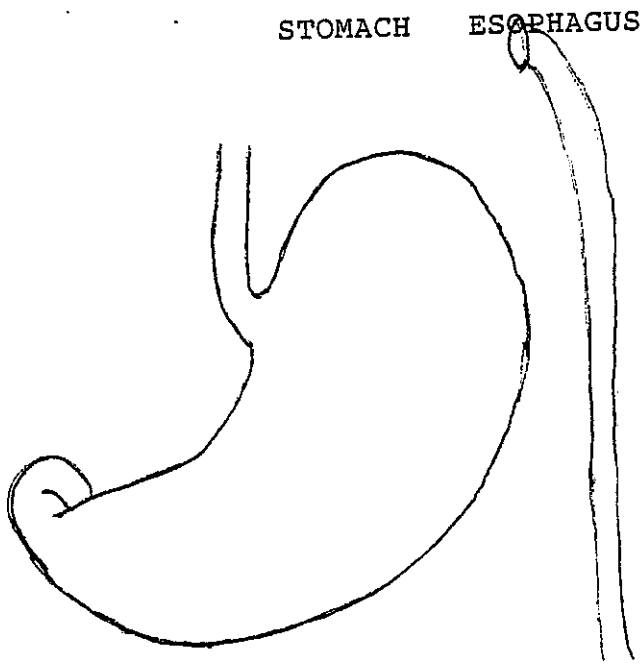




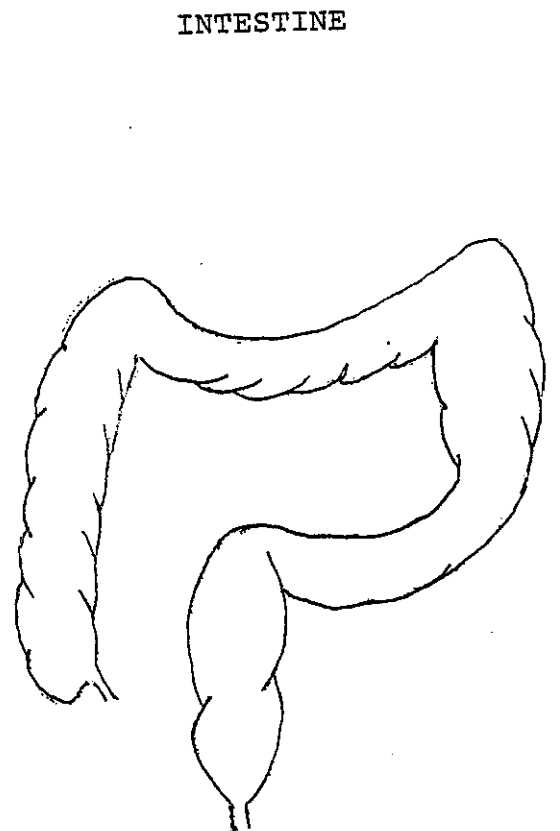
BREAST



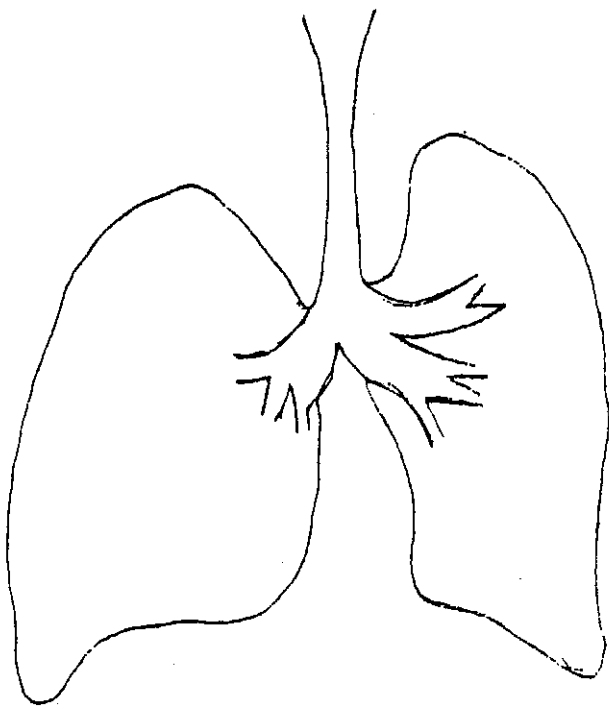
FEMALE REPRODUCTOR
SISTEM



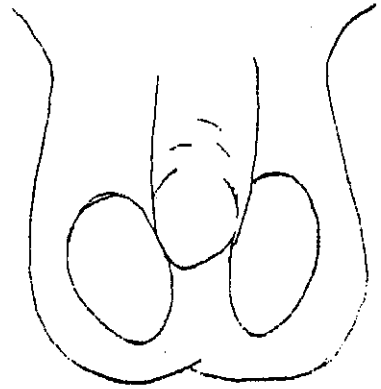
STOMACH ESOPHAGUS



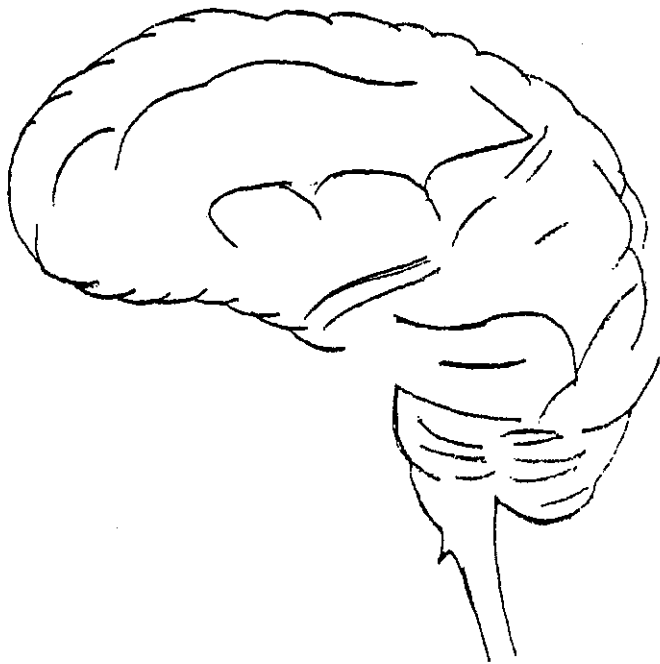
INTESTINE



LUNGS



MALE REPRODUCTOR
SISTEM



BRAIN

LIST OF ACTIVITIES

* SMOKING

* DRINKING ALCOHOL

* EATING FOOD WITH A LARGE AMOUNT OF FATE, POOR IN FIBER

* WALKING A MILE DAILY

* TANNING WITHOUT PROTECTION

* HAVING SEX WITH MULTIPLE PARTNERS

* EATING FOOD RICH IN VITAMIN A AND C

* HAVING COMPLETE MEDICAL CHECK UPS TWICE A YEAR

UNIT III- ACTIVITY 1
NEW HABITS

Length: 15 minutes

Resources: Not applicable

Steps:

1. Ask the students to share which of the ideas on the homework assignments were accepted and tried by family and/or friends.
2. Allow each student two minutes to share his/her experiences with the group.
3. Summarize the importance of initiating and maintaining healthy habits.

UNIT III- ACTIVITY 2
REVIEWING MY LIFE

Length: 30 minutes

Resources: Flip chart, blackboard, markers

Steps:

1. Inform the participants that this activity is about information on a time they attempted or succeeded in changing behavior.
2. Ask the participants to analyze each story and remark on issues such as:
 - PEER PRESSURE
 - BARRIERS TO COMMUNICATION
 - GRADUAL CHANGES
 - HABITS
3. Allow the students to share information on successful changes in their or others' lives.
4. Have the group analyze each situation and make a "diagnosis". The "diagnosis" will be based on what they consider to be factors or origins of the situation.
5. For a better diagnosis, ask questions such as: What was the person's circumstances? Was the person successful? Why or why not? What would you do in the same situation.
6. Have the group review the real situation. What are the barriers to beneficial changes? For example: Lack of communication, peer pressure, etc.
7. Have the group review the factors involved in the changes. For example: gradual changes, replacing old habits with better ones, learning good communication, etc.
8. Write the most important factors mentioned at the end on the flip chart.

UNIT III - ACTIVITY 3
TAKING CONTROL

Length: 40 minutes

Resources: "Taking Control" Slides from the local American Cancer Society office, slide projector, screen (The screen can be improvised with something white cloth or big piece of butcher paper.)

Steps:

1. Show slides illustrating the principal agents that cause cancer.
2. Take five to ten minutes to answer questions.

UNIT III - ACTIVITY 4
TESTIMONY

Length: 20 minutes

Resources: Two persons who were afflicted with cancer and who will present a seven-minute testimony each; one had it discovered early and the other did not; call the local American Cancer Society office

Optional

Resources: T.V. set, VCR, videotape with the persons giving testimony

Steps:

1. Inform students about the content of the videos: two persons with cancer. One of the persons will be someone who has had an early detection of cancer, and the other will be a person who has had a late discovery.
2. Ask students to pay close attention to similarities and differences in their accounts.
3. Ask participants to share their observations.
4. Summarize causes of the cancer.
5. Ask students what they think are the reasons the testimonial persons did or did not have the cancer discovered in its early stages.

UNIT III - ACTIVITY 5
MEXICAN FOOD

Length: 30 minutes

Resources: "Eat Less Fat" booklet, menu series (7), Menu Key

Steps: The facilitator will provide the students with the "Eat Less Fat" booklet and some other healthy recipes.

1. Ask students to define "fat" found in foods.
2. Define the term properly.
3. Ask students to cite what Mexican foods have fat.
4. Indicate that Mexican food can still be enjoyed if one is concerned about "fats" and that the booklet has healthy recipes.
5. Select as many recipes from the resources as time permits, and review the reasons these are healthy recipes.

Optional

Activity: Select a recipe from "Eat Less Fat", purchase the ingredients in advance; prepare the recipe in advance for group tasting if a kitchen facility is available.

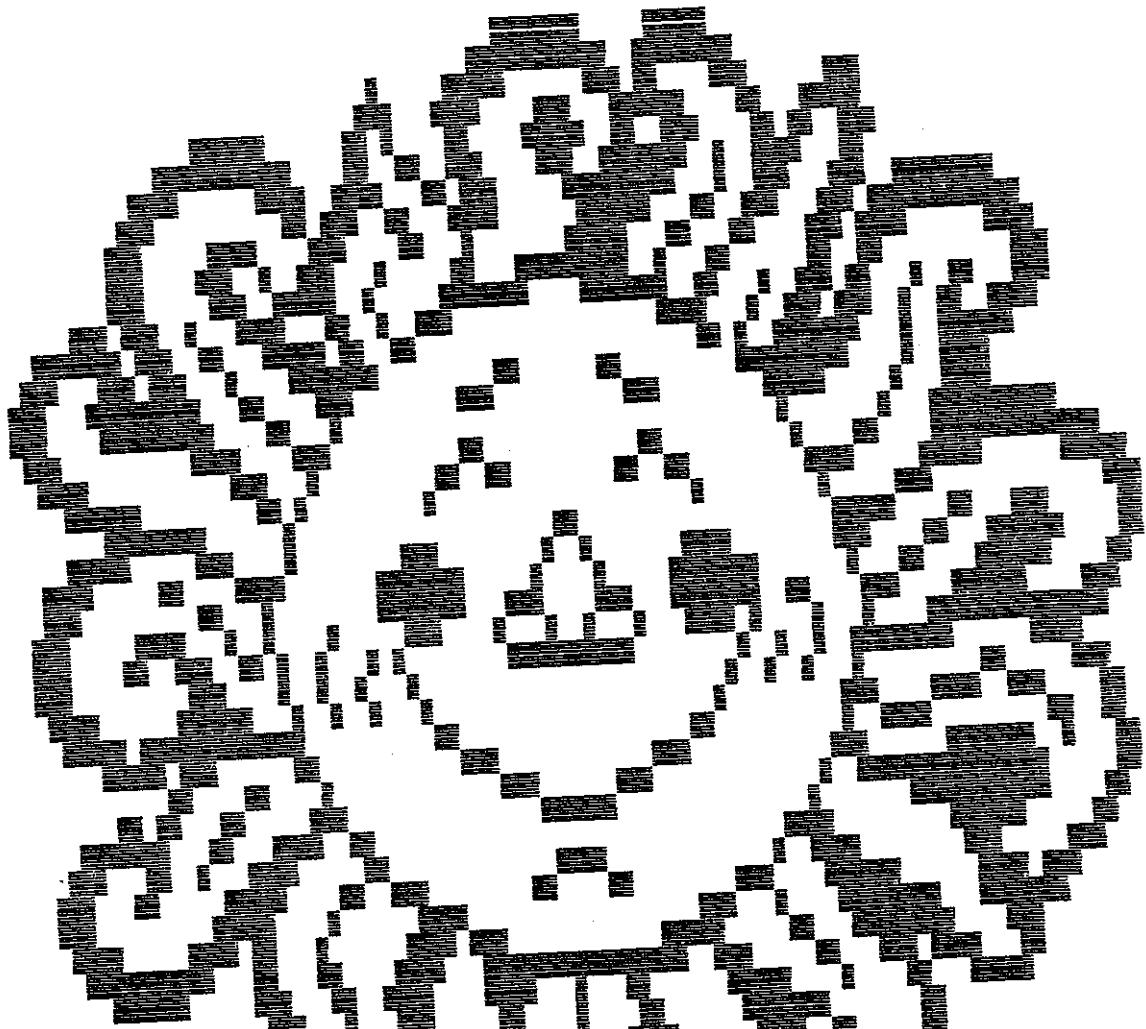
UNIT III - ACTIVITY 6
CAUTION WITH THE SUN

Length: 10 minutes

Resources: "Caution With The Sun" poster, graphic of the sun

Steps:

1. Explain that this session pertains to skin cancer.
2. Display the "Caution With The Sun" poster.
3. Explain that fair complexioned persons are more at risk for skin cancer when they do not use any protection than dark-complexioned persons (i.e. Hispanics).
4. Highlight main points using the sequence of the content, and answer questions along the way.



BE CAREFUL

WITH THE

SUN

UNIT IV - DETECTION
OBJECTIVES

A. General Objective

Participants will recognize social and cultural barriers to early detection.

B. Specific Objectives

Upon completing this unit, participants will be able to:

1. Define the concept of early detection.
2. Identify 3 ways to reinforce early detection among loved ones.
3. Define the concept of health planning.
4. Explain the value of regular medical check ups.
5. Recognize and define 3 personal barriers to early detection.

UNIT IV - OVERVIEW

SUBJECT AREA	ACTIVITY TITLES	TIME	METHODOLOGY	RESOURCES
Cancer Sites	How, when and who	45 minutes	Visual, Discussion	Anatomical
Scheduling Check-Ups	Confession	15 minutes	Interactive Activity	Calendars, stickers,
Overcoming Fears	Fear Busters	30 minutes	Discussion	Flip charts, markers
Medical Appointments	Appointments	15 minutes	Discussion, Written Exercise	Appointment forms
Personal Health Contract	Compromiso/Commitment	15 minutes	Lecturette, Written Exercise	Contract form

UNIT IV - ACTIVITY 1
"HOW, WHEN, WHERE, WHOM"

Length: 45 minutes

Resources: Anatomical model of organs and systems of the human body where cancer can develop

Steps:

1. Display the Mario and Mary graphic.
2. Have each participant take turns giving an explanation of one organ and/or system of the body, mentioning how detection is made, who makes the detection, and when it must be done.
3. Encourage questions and clarify with basic but accurate information.

UNIT IV - ACTIVITY 2
CONFESSION

Length: 15 minutes

Resources: Calendars and stickers for each student, prepared 3 year calendar

Steps:

1. Explain that this activity is about the need to keep an organized schedule for medical check ups.
2. Inquire who does this and how it is kept.
3. Show the participants a calendar previously prepared for this activity. The calendar should be for three years (the past, the present, and the next year).
4. Have the participants mark activities for prevention and detection on the calendar for a period of three years.
5. Have the participants give dates for the tests they have had or they will have.
6. Write down these dates, using stickers to indicate the organs affected.

UNIT IV - ACTIVITY 3
FEAR BUSTERS

Length: 30 minutes

Resources: Flip charts, markers

Steps:

1. Write at the top of one flip chart page: Health Fears
2. Write at the top of another flip chart page: WHAT CAN I DO TO OVERCOME THESE FEARS?
3. Have each participant give his/her own personal accounts of fears, bad experiences, and sadness about health and write a summary phrase of the fear on the respective page.
4. Before going to the next person, ask the participant how the fear can be overcome and write this down on the respective flip chart page.
5. Summarize the common fears and ways to overcome them.

UNIT IV - ACTIVITY 4
APPOINTMENTS

Length: 15 minutes

Resources: Appointment forms

Steps:

1. Ask each participant to think of a family member who most needs a medical check up or other tests that the member has postponed.
2. Suggest that the participants enroll other people in the program. Also, they may make appointments for friends, neighbors, etc.
3. Assist them to complete the appointment form.

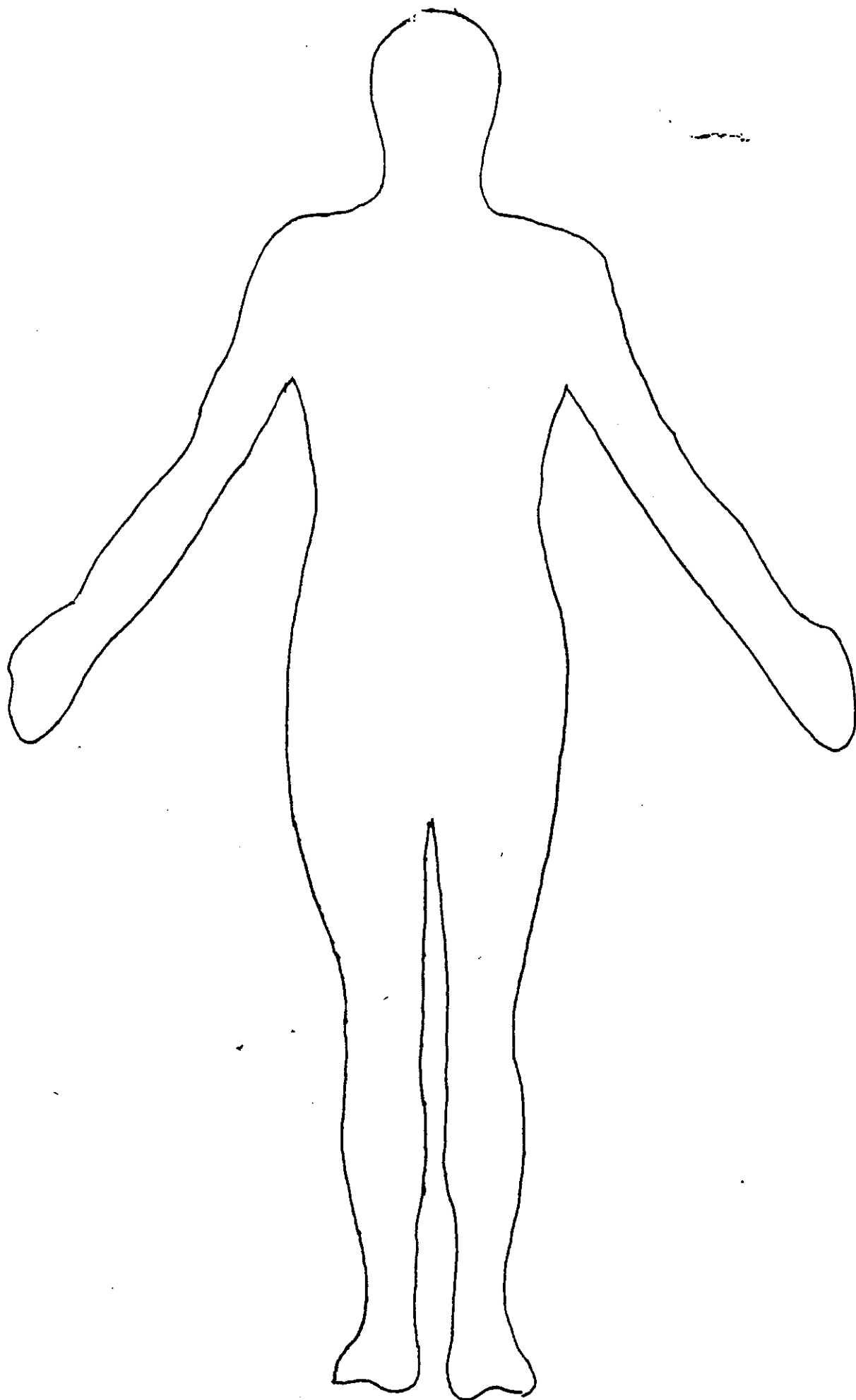
UNIT IV - ACTIVITY 5
COMMITMENT

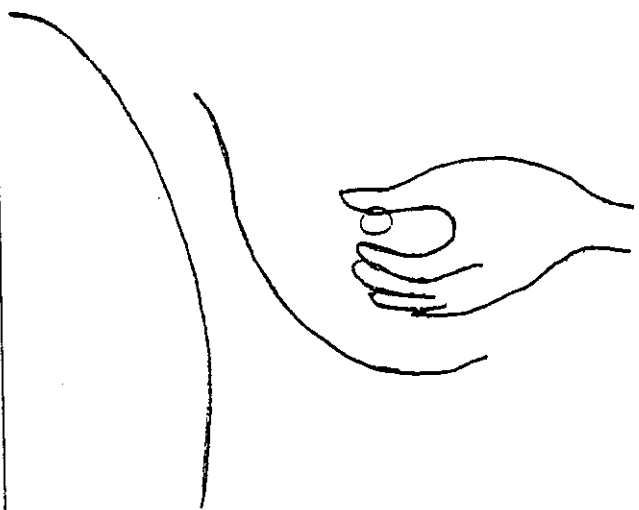
Length: 15 minutes

Resources: "A Contract With Myself" blank contract forms

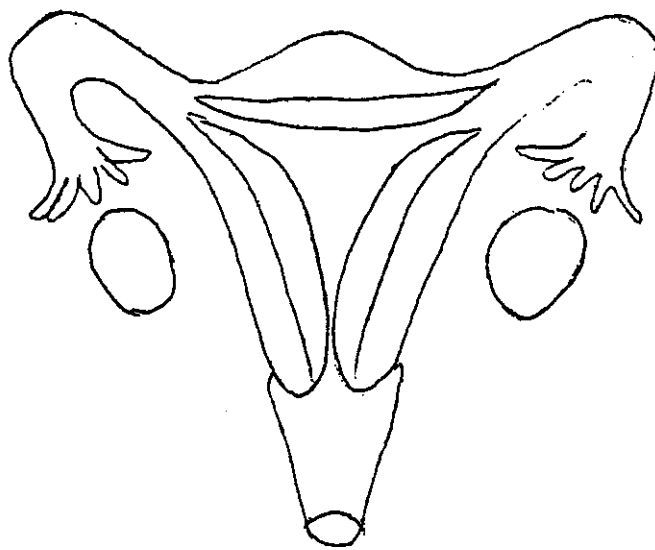
Steps:

1. Provide the contract to each student.
2. Write his/her name and state why taking care of personal health is so important.
3. Walk around the room to assist low-literate participants.



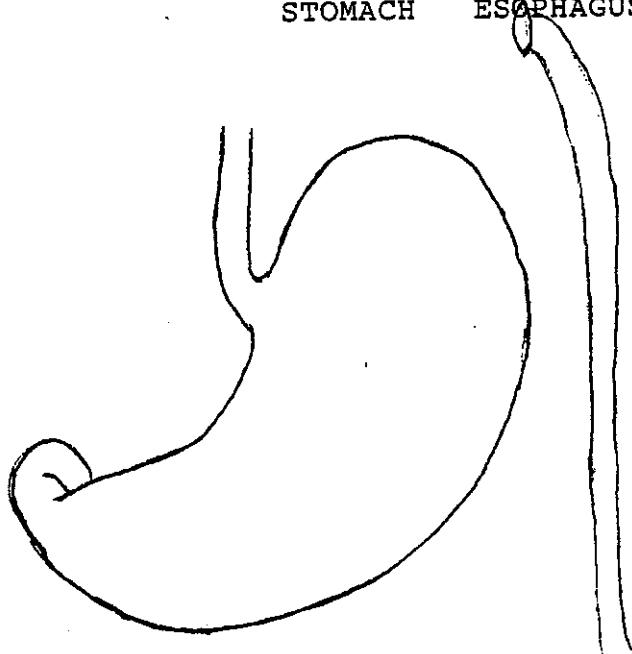


BREAST

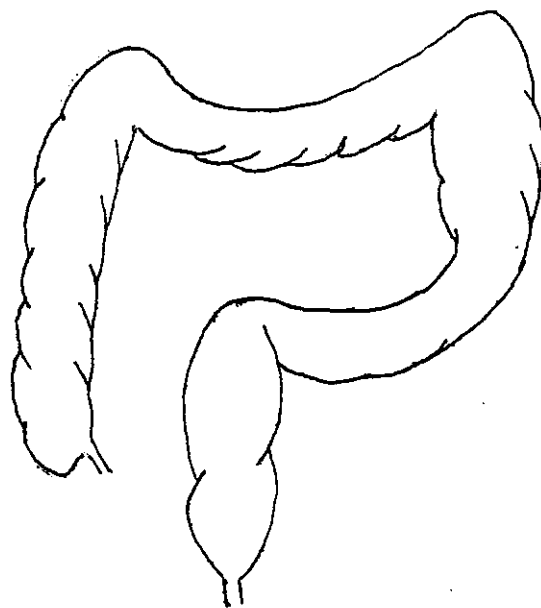


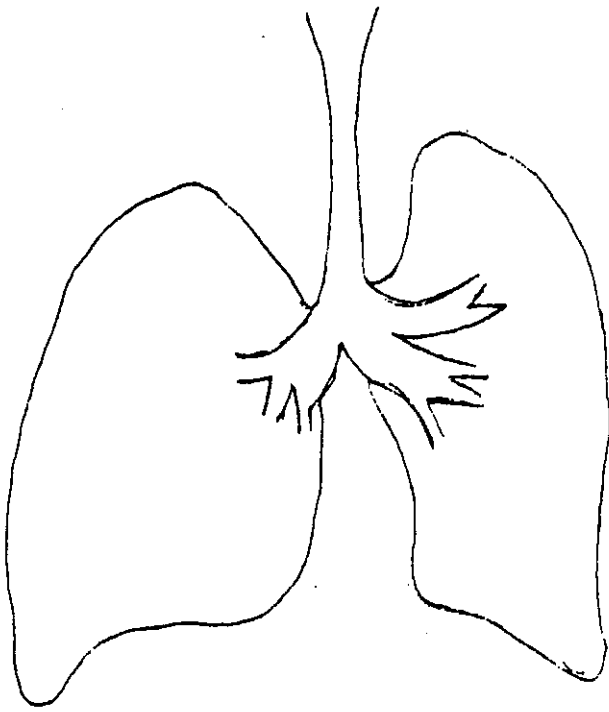
FEMALE REPRODUCTOR
SISTEM

STOMACH ESOPHAGUS

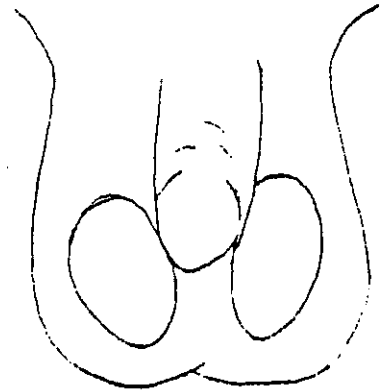


INTESTINE

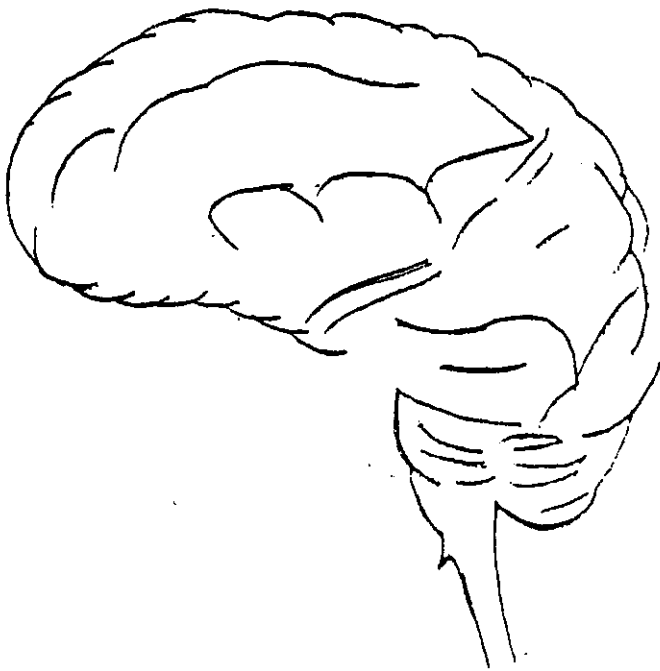




LUNGS



MALE REPRODUCTOR
SYSTEM



BRAIN

HEALTH CALENDAR

****NOTES

1991

JANUARY	FEBRUARY	MARCH	APRIL
MAY	JUNE	JULY	AUGUST
SEPT.	OCT.	NOV.	DEC.

1992

JANUARY	FEBRUARY	MARCH	APRIL
MAY	JUNE	JULY	AUGUST
SEPT.	OCT.	NOV.	DEC.

1993

JANUARY	FEBRUARY	MARCH	APRIL
MAY	JUNE	JULY	AUGUST
SEPT.	OCT.	NOV.	DEC.

CANCER'S SEVEN WARNING SIGNALS

- Change in bowel or bladder habits
- A sore that does not heal
- Unusual bleeding or discharge
- Thickening or lump in breast or elsewhere
- Indigestion or difficulty in swallowing
- Obvious change in wart or mole
- Nagging cough or hoarseness

If you have a warning signal, see your doctor.

APPOINTMENT FORM

I, _____, agree to be responsible for my health by making the following appointments:

- PHYSICAL EXAM
- PAP SMEAR
- BREAST EXAM
- COLO-RECTAL EXAM
- ORAL CHECK UP
- MAMMOGRAPHY, IF ADVISED
- OTHER _____

Also, I want to contribute to the prevention and awareness of cancer. In doing so, I agree to set up _____ appointment for _____.

SIGNATURE

DATE

A CONTRACT WITH MYSELF

I, _____, love myself. My health is important to
(PRINT)
me because _____

I commit to making appointments for examinations as follows:

- Complete Physical Check Up
- Pap Smear
- Breast Exam
- Mammography, if it is advised
- Colo-rectal Exam
- Testicle Exam
- Oral Exam
- Other (Describe) _____
- Other (Describe) _____

SIGNATURE

Date: _____

UNIT V - TREATMENT AND COMMUNITY RESOURCES
OBJECTIVES

A. General Objective

The participants will learn about treatments and local resources available in the fight against cancer.

B. Specific Objectives

Upon completing this unit, the participants will be able to:

1. Define radiotherapy.
2. Define chemotherapy.
3. Identify three local resources and what services they offer.
4. Identify the most three common cancers in women.
5. Identify the most three common cancers in men.

UNIT V - OVERVIEW

SUBJECT AREA	ACTIVITIES	TIME	METHODOLOGY	RESOURCES
Statistics	In the U.S.A.	30 minutes	Visuals	Visuals
Cancer Information	News	30 minutes	Discussion	Handouts
Local Resources	Traveling Around El Paso	30 minutes	Lecturette	Brochures
Post-test	Post-test	15 minutes	Post-test	Post-test
Graduation Ceremony	Graduation	30 minutes	Graduation Ceremony	Certificates

UNIT V - ACTIVITY 1
IN THE USA

Length: 30 minutes

Resources: Transparencies, overhead projector, or flip chart and markers, handouts of transparencies or flip chart pages, transparencies and/or handouts: "Cancer Facts & Figures - 1991" cover sheet and "Cancer Incidence and Deaths By Site & Sex - 1991 Estimates"

Steps:

1. Pass out handouts.
2. Encourage participation while reviewing the most recent and accurate information and statistics on cancer using transparencies from "Cancer Facts & Figures".
3. Pause for questions after each transparency or flip chart page and respond accordingly.

UNIT V - -ACTIVITY 2
REPORTING

Length: 30 minutes

Resources: Flip chart and/or blackboard, markers, handouts: "Findings,"
"Important Understandings," "Concepts," "Decreased Survival," "Know
Cancer's Seven Warning Signals"

Steps:

1. Highlight important information on the handout.
2. Give the participants an opportunity for questions and answer the questions.

*Remember: Each question should be answered accurately and honestly.
In case a question cannot be answered, the facilitator will research
the subject and give the answer to the participants during the next
session.

UNIT V - ACTIVITY 3
VISITING EL PASO

Length: 15 minutes

Resources: "We Can Help" brochures from the American Cancer Society, flip chart, markers

Steps:

1. Provide the participants with the brochures. The brochures will contain information on resources and agencies located in El Paso.
2. Use the brochure to give an explanation of the agencies and their functions as they relate to cancer.
3. Use the flip chart if it is needed to accentuate some points.

UNIT V - ACTIVITY 4
EVALUATION AND GRADUATION

Length: 45 minutes or more. (It depends on the time that the facilitator and participants have available.)

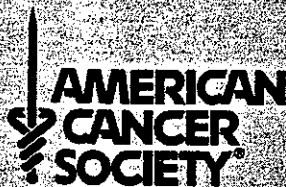
Resources: Copies of the post-test, certificates

Steps:

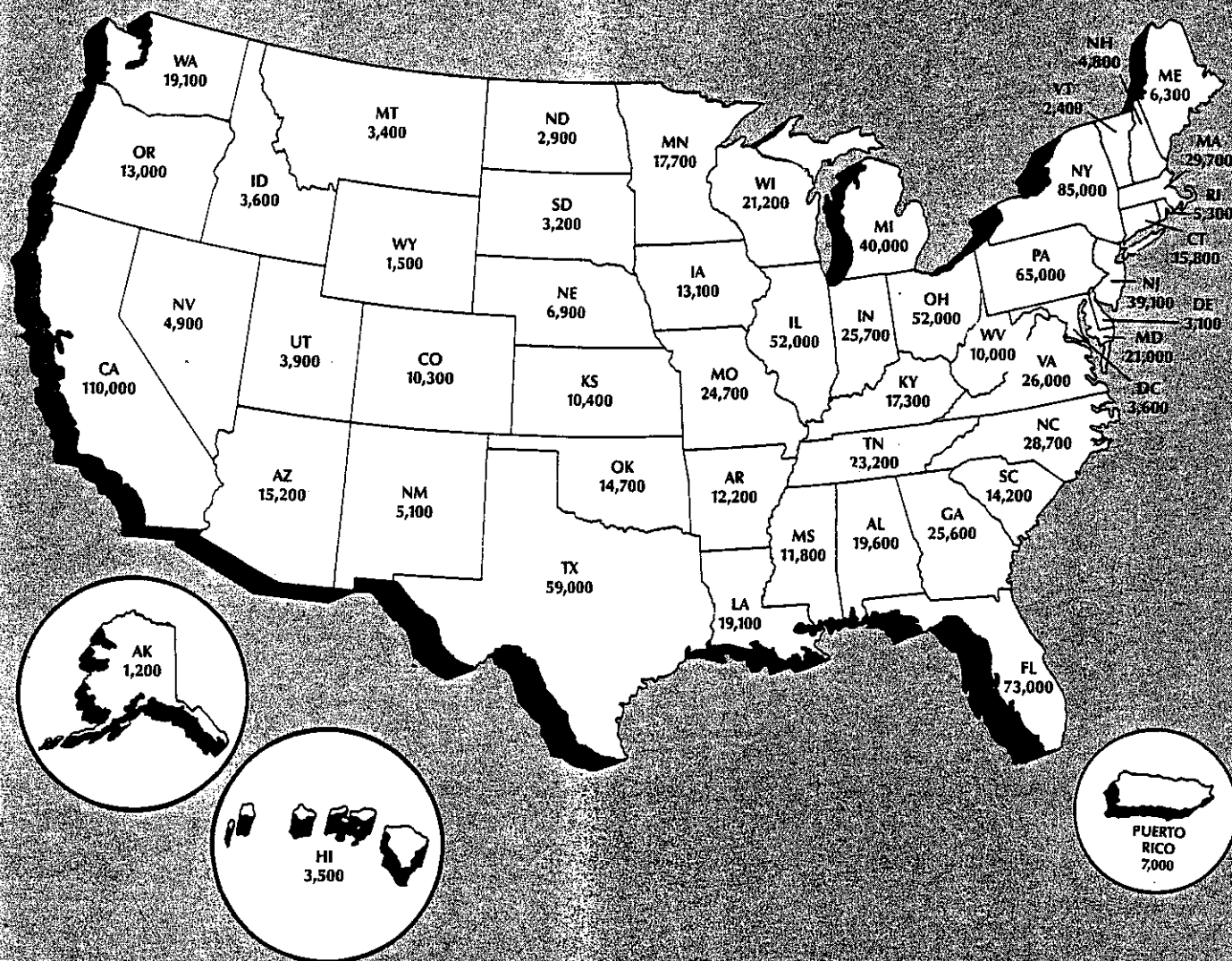
1. Indicate that today's activity consists of two parts: a post-test and graduation ceremony.
2. Administer the post-test stressing that this is to see how well the information was transmitted.
3. Give fifteen minutes for the post-test.
4. Hold a graduation ceremony emphasizing the significance of completing the course.

Optional

Steps: Prepare refreshments in advance to honor the students if the budget permits. If the budget does not permit, enlist the cooperation of students to bring healthy dishes as part of the "graduation celebration."



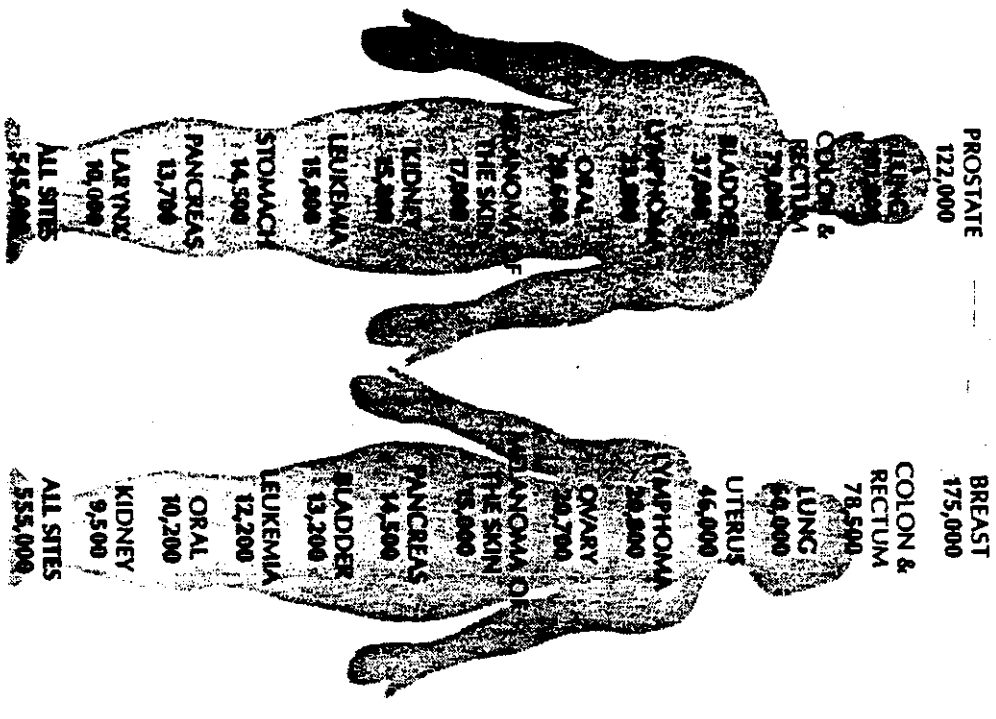
CANCER FACTS & FIGURES-1991



Estimated number of new cancer cases in 1991 by state, total: 1,100,000 (excluding Puerto Rico)*.

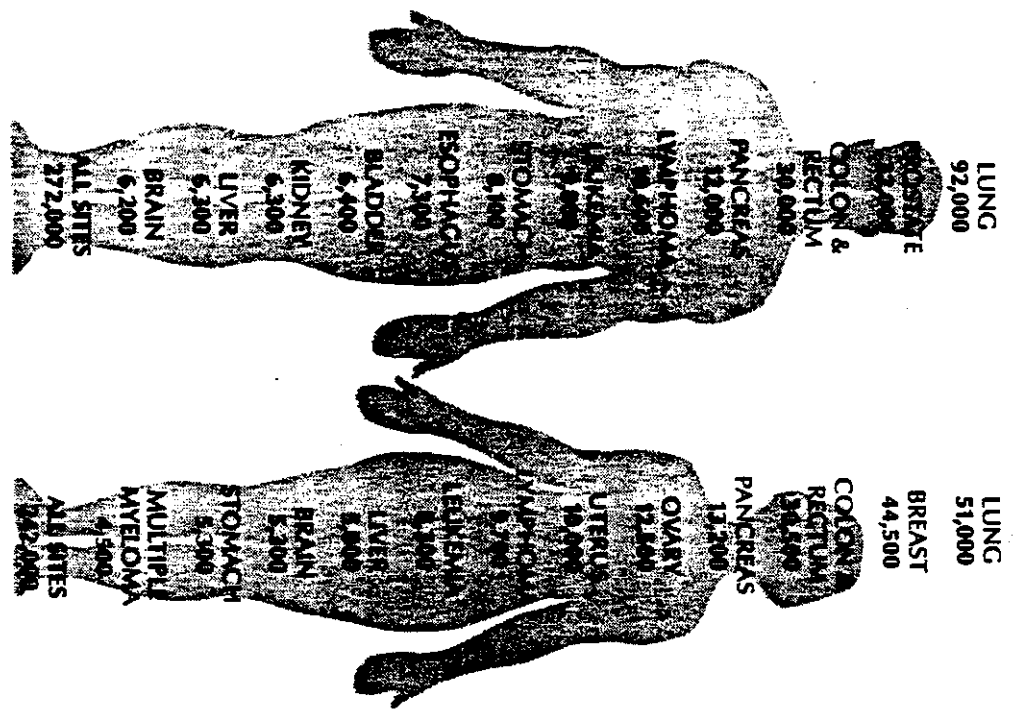
*Excluding nonmelanoma skin cancer and carcinoma in situ
 BASED ON RATES FROM NCI SEER PROGRAM (1985-1987).

CANCER INCIDENCE BY SITE AND SEX*



*Excluding non-melanoma skin cancer and carcinoma in situ.

CANCER DEATHS BY SITE AND SEX



KNOW CANCER'S SEVEN WARNING SIGNALS

1. CHANGE IN BOWEL OR BLADDER HABITS
2. A SORE THAT DOES NOT HEAL
3. UNUSUAL BLEEDING OR DISCHARGE
4. THICKENING OR LUMP IN BREAST OR ELSEWHERE
5. INDIGESTION OR DIFFICULTY IN SWALLOWING
6. OBVIOUS CHANGE IN WART OR MOLE
7. NAGGING COUGH OR HOARSENESS

IF YOU HAVE A WARNING SIGNAL,
SEE YOUR DOCTOR

ASOCIACION AMERICANA DEL CANCER
909 E. San Antonio
El Paso, Tx. 79901
915/ 544-4425

FINDINGS

The report found that the five most critical issues related to cancer and the poor were:

1. poor people endure greater pain and suffering from cancer than other Americans.
2. Poor people and their families must make extraordinary personal sacrifices to obtain and pay for care.
3. Poor people face substantial obstacles in obtaining and using health insurance and often do not seek care if they cannot pay for it.
4. Current cancer education programs are culturally insensitive and irrelevant to many poor people.
5. Fatalism about cancer is prevalent among the poor and prevents them from seeking care.

Ca-A Cancer Journal for Clinicians
September/October 1989
Vol. 39 No. 5
Cancer in the Socioeconomically Disadvantaged

IMPORTANT UNDERSTANDINGS

THE PREVALENCE AND INCIDENCE OF CANCER

Cancer is the most frequent cause of death.

Cancer more frequently attacks middle-aged and older people than it does young people.

Today the average span of life is increasing. Hence more people reach the ages when cancer takes its greatest toll.

Cancer is now the leading cause of death among women ages 40 to 44.

Cancer as a cause of death for both sexes is exceeded only by heart disease.

More men than women now die of cancer.

Statistics show cancer is apparently more prevalent in some states, cities and towns than in others. This is due, in part, to better diagnosis and improved methods of reporting and recording cases, and to certain occupational hazards related to certain local industries.

The number of deaths from cancer has been increasing each year is explained by these facts.

Medical science and research have cut the death rate from other diseases such as tuberculosis.

As a bigger proportion of our population reaches the age levels above 50, cancer accounts for a larger proportion of deaths.

Improve methods of diagnosis identify cancer as the cause of death in many cases where formerly it was not recognized.

Ca-A Cancer Journal for Clinicians
September/October 1989
Vol 39 No. 5
Cancer in the Socioeconomically Disadvantaged

CONCEPTS

1

Cancer is a disorderly growth of the cell in various parts of the body.

2 There is no scientific proof that cancer in humans is contagious or inherited.

3

Most types of cancer are curable in the early stages, before growth spreads to other parts of the body.

4

Early detection, accurate diagnosis and adequate treatment are essential to the control of cancer.

5. There are seven warning signals which may mean cancer. Everyone should know them.

6

There are several conditions that are considered to be "forerunners" to cancer.

7

The accepted methods known to cure cancer are:

- Surgery
- Radiation
- Chemotherapy

8

Much progress has already been made in research aimed at learning about the cause and cure of cancer.

Ca-A Journal for Clinicians
September/October 1989
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Cancer in the Socioeconomically Disadvantaged

POVERTY

CULTURE (Race)

Inadequate
physical
and social
environment

Inadequate
information
and knowledge

Risk-promoting
lifestyle,
attitude,
behavior

Diminished
access to
health care

Decreased Survival

Ca-A Cancer Journal for Clinicians
September/October 1989
Vol 39 No. 5
Cancer in the Socioeconomically Disadvantaged



**COMPROMISO
CANCER AWARENESS PROGRAM**

THIS CERTIFICATE IS PRESENTED TO

For completing this program

Centro San Vicente Daughters of Charity Community Services of El Paso
FUNDED BY CIT'S LEVI STRAUSS CO.

Program Coordinator

Executive Director

Date

What Do You Know About Cancer?
Post-Test

Name: _____ Date ____/____/____
Reg. # _____

Read each question and circle the best answer.

1. What is health?
 - a. Being happy
 - b. Feeling fine both physically and mentally
 - c. Appropriate behavior with other persons

2. What does being healthy depend on?
 - a. Family atmosphere
 - b. Visiting the doctor frequently
 - c. Drinking herbal teas

3. What habits can better our health?
 - a. No smoking and no drinking
 - b. Eating foods high in fat
 - c. Exposure to sun rays without protection

4. Which of the following risk factors contributes to the development of cancer?
 - a. Overweight
 - b. Eating foods without fiber
 - c. Excess sugar in your blood stream

5. How can knowledge about our body assist us and others?
 - a. We can give anatomy classes to others.
 - b. It helps prevent illness.
 - c. It helps us care for ourselves and others better

6. Which of the following is true?
 - a. Cancer is contagious to those you live with and work.
 - b. Cancer is not contagious.
 - c. Cancer is contagious to only those you live with.

7. What can you do to better your lifestyle?
 - a. Know the risk factors that can prevent illness
 - b. Know persons who have cancer
 - c. Know what medications can cure

8. Which foods can contribute to the development of cancer?
 - a. Green vegetables
 - b. High salt foods
 - c. Wheat bread
9. What is the basis of a healthy life?
 - a. Preserverance
 - b. Working 8 hours a day
 - c. Getting married and having lots of children
10. How can cervical cancer develop?
 - a. Smoking at an early age
 - b. Having many sexual partners
 - c. Lacking fiber in your diet
11. When should you conduct a self-breast examination?
 - a. Once a year
 - b. Once a month after each menstrual cycle
 - c. At the age of 25 only
12. Who should have a prostate exam?
 - a. Men over 45 years of age
 - b. Women under the age of 45
 - c. Men after their first sexual relations
13. Which of the following cause cancer?
 - a. Contamination with chemical agents
 - b. Habits like smoking and drinking
 - c. Both of the above can cause cancer
14. How can a person know if she/he has cancer
 - a. Through medical exams by medical professionals
 - b. Weight loss
 - c. The presence of many moles on your body
15. What medical exams can detect cancer?
 - a. Blood test
 - b. Urine test
 - c. Colon or breast exam

16. What is most important in preventing cancer?
 - a. Early detection and proper treatment
 - b. Being younger than 45 years of age
 - c. Both of the above

17. Which of the following is a treatment for curing cancer?
 - a. Coloscopy
 - b. Pap smear
 - C. X-rays and medications

18. Which of the following treatments are most successful?
 - a. Chemotherapy
 - b. Radiation
 - c. Both, depending on the type of cancer

19. Do agencies exist in this community to help persons with cancer?
 - a. Yes, but there is only one agency.
 - b. No, you need to go out of town.
 - c. Yes, there is more than one agency.

20. Which of the following is the leading cause of death in the United States?
 - a. Diabetes
 - b. Cancer
 - c. Heart Disease

EDUCATION MATERIAL

EAT SMART

TAKING CONTROL

LOOK WELL.... FEEL BETTER

IT IS YOUR RESPONSIBILITY LEARN TO GIVE YOURSELF BREAST EXAMINATIONS

FOR MEN ONLY

WE CAN HELP

VITAMIN "A"

CHECK YOUR HEALTH

WHAT YOU NEED TO KNOW ABOUT CANCER

KNOW THE EIGHT WARNING SIGNALS OF POSSIBLE CHILDHOOD CANCER

THE SMOKE AROUND YOU

PAP SMEAR WHAT IS IT?

WHY START A LIFE UNDER A CLOUD

I CAN HOPE

YOU QUIT. NOW HELP A FRIEND QUIT

COLORECTAL CANCER GO FOR EARLY DETECTION

ALL MEN 15 TO 34 YEARS MUST PROTECT THEMSELVES AGAINST CANCER OF THE TESTICLES

FRY NOW... PAID LATER

GOOD NEWS: ...BETTER NEWS ... BEST NEWS:

WOMEN MUST TAKE SPECIAL CARE OF THEMSELVES

DIALOGUE

QUESTIONS AND ANSWERS

LIFE AFTER LOSS

SPECIAL TOUCH

CHEMOTHERAPY AND YOU

ALL ABOUT CHEMOTHERAPY

WHAT IS REACH TO RECOVERY PAMPHLET

FIBROCYSTIC BREAST A NON DISEASE

AUDIOVISUAL MATERIALS

TAKING CONTROL

SPECIAL TOUCH

FIBROCYSTIC BREAST A NON DISEASE

NO FEARS... NO TEARS

This material belongs to American Cancer Society and National
Cancer Institute.

American Cancer Society
909 E. San Antonio
El Paso, Tx. 79901
(915) 544-4425

**SUMMARY OF THE
AMERICAN CANCER SOCIETY**

**RECOMMENDATIONS
FOR THE EARLY
DETECTION
OF CANCER
IN ASYMPTOMATIC
PERSONS**

**AMERICAN
CANCER
SOCIETY®**

CANCER SITE	TEST OR PROCEDURE	SEX	AGE	FREQUENCY
Colorectal	Sigmoidoscopy		50 and Over	Annual or biennial examination Annual examination every 3-5 years Biennial examination every 5 years
Colorectal	Stool Blood Test		50 and Over	Every Year
Colorectal	Digital Rectal Exam		40 and Over	Every Year
Cervical	Pap Test and Pelvic Exam		Women who are or who have been sexually active or have reached age 18	Every Year after 3 or more years of consecutive satisfactory smears that include the transformation zone has been performed
Endometrial	Endometrial Biopsy		At menopause; women at high risk*	Every Year
Breast	Breast Self-Exam		20 and Over	Every Month
Breast	Breast Physical Exam		20-40 40 and over	Every Year
Breast	Mammography		35-39 40-49 50 and Over	Every Year
Other	Health Counselling and Cancer Checkup**		20 and Over 40 and Over	Every Year

* History of infertility, obesity, failure to ovulate, abnormal uterine bleeding, or estrogen therapy.

** To include examination for cancers of the thyroid, testicles, prostate, ovaries, lymph nodes, oral region, and skin.

BREAST CANCER

CANCER RISK FACTORS

Age, familial history in mother or sisters, precancerous condition on breast biopsy, first child born after age 30, obesity, never had children.

HEALTH PROMOTION,

CANCER RISK REDUCTION

Advise patients to follow the American Cancer Society's Nutrition Guidelines to maintain normal weight.

EARLY DETECTION FOR

ASYMPTOMATIC PERSONS

Breast self-examination, clinical breast examination, mammography.

WARNING SIGNALS

Breast lump or thickening. Bleeding from the nipple.

COLORECTAL CANCER

CANCER RISK FACTORS

Colorectal polyp(s), family history of colorectal cancer(s), inflammatory bowel disease. Diets high in fat and low in fiber.

HEALTH PROMOTION,

CANCER RISK REDUCTION

Removal of colorectal polyp(s). Advise patients to follow the American Cancer Society's Nutrition Guidelines.

EARLY DETECTION FOR

ASYMPTOMATIC PERSONS

Digital rectal examination, stool blood test, sigmoidoscopy.

WARNING SIGNALS

Rectal bleeding, change in bowel habits.

LUNG CANCER

CANCER RISK FACTORS

Voluntary and involuntary smoking. Occupational exposures such as asbestos.

HEALTH PROMOTION,

CANCER RISK REDUCTION

Advise patients to avoid tobacco products and exposure to tobacco smoke, stop smoking and follow workplace safety practices.

EARLY DETECTION FOR

ASYMPTOMATIC PERSONS

None.

WARNING SIGNALS

Nagging cough, coughing up blood, unresolved pneumonia.

CERVICAL CANCER

CANCER RISK FACTORS

Early age at first intercourse, multiple sexual partners, smoking, HPV infection (condyloma or warts).

HEALTH PROMOTION,

CANCER RISK REDUCTION

Advise patients to avoid sexual intercourse at an early age and sex with many partners—have safe sex, and to avoid smoking cigarettes.

EARLY DETECTION FOR

ASYMPTOMATIC PERSONS

Pap test. Pelvic examination.

WARNING SIGNALS

Abnormal vaginal bleeding.

ENDOMETRIAL CANCER

CANCER RISK FACTORS
Obesity, prolonged use of unopposed post-menopausal estrogens, hypertension, diabetes.

HEALTH PROMOTION, CANCER RISK REDUCTION
Advise patients to follow the American Cancer Society's Nutrition Guidelines to maintain normal weight. In considering estrogen replacement therapy, discuss the benefits, and risks with the patients, and individualize therapy based on the latest medical research.

EARLY DETECTION FOR ASYMPTOMATIC PERSONS
Pelvic examination.
Endometrial tissue sampling at menopause if at high risk.

WARNING SIGNALS
Abnormal vaginal bleeding.

URINARY TRACT/BLADDER CANCER

CANCER RISK FACTORS
Smoking. Exposure to chemical carcinogens.
Personal history of bladder cancer.

HEALTH PROMOTION, CANCER RISK REDUCTION
Advise patients to avoid use of tobacco products and follow workplace safety practices.

EARLY DETECTION FOR ASYMPTOMATIC PERSONS
None.

WARNING SIGNALS
Blood in the urine.

ORAL CANCER

CANCER RISK FACTORS
Smoking and alcohol use, use of smokeless tobacco.

HEALTH PROMOTION, CANCER RISK REDUCTION
Advise patients to avoid tobacco in all forms and drink alcohol only in moderation.

EARLY DETECTION FOR ASYMPTOMATIC PERSONS
Monthly oral self-examination and annual examination by a health professional.

WARNING SIGNALS
Color change in mouth, a sore in the mouth that does not heal.

PROSTATE CANCER

CANCER RISK FACTORS
None.

HEALTH PROMOTION, CANCER RISK REDUCTION
None.

EARLY DETECTION FOR ASYMPTOMATIC PERSONS
Digital rectal examination.

WARNING SIGNALS
Difficulty in urination, blood in urine.

SKIN CANCER

CANCER RISK FACTORS

Fair skin, sun exposure, severe sunburn in childhood, and familial conditions like dysplastic nevus syndrome.

HEALTH PROMOTION, CANCER RISK REDUCTION

Advise patients to protect themselves against overexposure to the sun by using sunscreens with a protective value of 15 or more and wearing protective clothing.

EARLY DETECTION FOR ASYMPTOMATIC PERSONS

Clinical examination of the skin and monthly skin self-examination.

WARNING SIGNALS

A change in a mole or a sore that does not heal.

WHAT IS CANCER?

Cancer is really a group of diseases. There are more 100 different types of cancer, but they are a disease of some of the body's cells.

Healthy cells that make up the body's tissues grow, divide, and replace themselves in an orderly way. This process keeps the body in good repair. Sometimes, however, normal cells lose their ability to limit and direct their growth. They divide too rapidly and grow without any order. Too much tissue is produced and tumors can be either benign or malignant.

- * Benign tumors are not cancer. They do not spread to other parts of the body and they are seldom a threat to life. Often, benign tumors can be removed by surgery, and they are not likely to return.
- * Malignant tumors are cancer. They can invade and destroy nearby tissue and organs. Cancer cells also can spread, or metastasize, to other parts of the body, and form new tumors.

Because cancer can spread, it is important for the doctor to find out as early as possible if a tumor is present and if it is cancer. As soon as a diagnosis is made, treatment can begin.

WHAT CAUSES CANCER?

No one knows for sure how a normal cell becomes a cancer cell. But scientists agree that people get cancer mainly through repeated or long-term contact with one or more cancer-causing agents called carcinogens. The carcinogens cause body cells to change their structures and to grow out of control.

WHAT IS A CANCER RISK FACTOR?

An agent that has been linked to the cause of a particular kind of cancer is called a risk factor. Contact with that agent increases an individual's likelihood (or risk) of getting that kind of cancer. Exposure to a particular risk factor does not necessarily mean that you will get the disease, but it does mean that the possibility that you might get cancer has increased. Risk factors are described in several ways. There are both "avoidable" and "unavoidable" risk factors. You can cut down or cut out your contact with avoidable risk factors such as tobacco or alcohol. Unavoidable risk factors are those which you personally cannot control. For example, the risk of getting any type of cancer increases as you get older. There are both "known" and "suspected" risk factors. A risk factor is an agent that has been shown by their studies of human populations or by laboratory tests to be capable of producing cancer. A "suspected" risk factor is thought to produce cancer, although studies have not yet confirmed the link to cancer.

CAN CANCER BE INHERITED?

To date, no evidence exists that parents can pass cancer on to their children. However, an increased risk to some cancers, such as breast cancer, is possible if a relative has had it. This may be due to similar lifestyle experiences, including the food they eat, their job, or where they live.

IS CANCER CONTAGIOUS?

No. Cancer is not catching. It cannot be spread from person to person by sneezing, coughing, kissing, or in any other way.

DO BUMPS, BRUISES OR OTHER INJURIES CAUSE CANCER?

No, injuries to the body cannot cause cancer. Sometimes, treatment for an injury leads the doctor to find a cancer that had existed before but had not been noticed.

IS CANCER CURABLE?

Yes. Of all the chronic disease, cancer is the most curable. Today, nearly half of all cancer patients can be cured by modern treatment methods. Great advances have been made in our ability to prevent, detect, and treat cancer.

Good News: Better News: Best News:
National Cancer Institute
NIH Publication No. 84-2671
Reprinted May 1984

What can I do to reduce my chances of getting cancer?

You can reduce your cancer risks by limiting or avoiding exposure to or use of cancer-causing agents. You can help protect yourself if you.

- * Don't smoke. Smoking causes cancer and increases the risk from other carcinogens.
- * Vary your diet to include foods high in fiber, low in fat and low enough in calories so that you will stay trim. Include fresh fruits and vegetables and whole grain breads and cereals in your daily diet.
- * Avoid too much sunlight particularly if you are fair-skinned, by wearing protective clothing and using sunscreens.
- * Don't ask for an X-rays if your doctor or dentist does not recommended it. If you need an X-ray, ask if X-ray shields can be used to protect other parts of your body.
- * Follow worksite health and safety rules. Wear protective clothing; use provided safety equipment.
- * Drink alcoholic beverages only in moderation, particularly if you smoke. (One or two drinks a day is considered moderate).
- * Discuss estrogen use with your doctor; use only as long as needed.

Good News: Better News: Best News:
National Cancer Institute
NIH Publication NO. 84-2671
Reprinted May 1984

COMMON QUESTIONS ABOUT CANCER AND CHEMOTHERAPY

WHAT IS CANCER?

Cancer is the uncontrolled growth of body cells. Cancer cells grow and divide faster than normal cells do.

ARE ALL CANCERS ALIKE?

No, cancer is not one disease. There are over 100 different types of cancer. Each type of cancer grows and spreads differently. Each requires a different kind of treatment.

IS A TUMOR THE SAME AS CANCER?

No, not all tumors are cancer.

WHAT CAUSES CANCER?

No one knows for sure why people get cancer. It is known that you are more likely to get cancer if your relatives had cancer or if you smoke.

CAN SOMEONE CATCH CANCER FROM ME?

No, cancer is not like the flu and cannot be spread from one person to another.

DOES HAVING CANCER MEAN CERTAIN DEATH?

No. Today more people live with cancer than die from it. This is partly because cancer often be controlled with chemotherapy and other treatments

HOW IS CANCER TREATED?

Doctors have many ways of treating cancer. The mayor ways are with surgery, chemotherapy and radiation. These may be used alone or in combinations.

WHAT IS CHEMOTHERAPY?

Chemotherapy is the use of drugs to kill cancer cells. When cancer cells die, cancer is controlled. There are over 80 different drugs to kill cancer cells. Different drugs work for different kinds of cancer. The drug or drugs that you get are those that work best for your type of cancer. You may not be getting the same drugs as someone else who has cancer.

Should women have special concerns about cancer?

Breast cancer is the most frequent cause of cancer death among women. Women's special concerns about breast cancer, though, can often be relieved through breast self-examination (BSE). You should check your breasts yourself each month by following the instructions provided below. Make sure the doctor gives you a careful breast examination during your regular checkup. Also, make sure that you have a regular pelvic examination and "Pap" test. A "Pap" test is simple, painless examination of the cervix to check for abnormal cells which could turn into cancer if left untreated.

For women over 50 or for younger women who have a sister or mother with breast cancer, a mammogram may be considered. A mammogram is the use of radiation (X-rays) to create an image of the breast on film or paper. It can reveal tumors too small to be felt. It shows other changes in the structure of the breast which doctors believe point to very early cancer. Exposure to X-rays should always be carried out with great care to assure that the lowest possible dose will be absorbed by the body.

What you need to know about cancer.
National Cancer Institute
NIH Publication No. 83-1828
Reprinted March 1983

Should men have special concerns about cancer?

Cancer of the prostate is one of the most common forms of cancer among men. The prostate is a gland in the male reproductive system that lies just below the bladder. Prostate cancer causes few deaths among men under 45. But after age 55, it becomes the third highest cause of cancer deaths among men, and after 75, the main cause. Since cancer of the prostate in its early stages causes few or no signs, it is important that the men over 40 have regular rectal exams.

A rectal examination by doctor is the most reliable method of detecting early prostate cancer.. Through the wall of the rectum, the doctor may be able to feel an irregular or unusual firm area in the prostate. Such an area may be a tumor.

While the most common signs of prostatic cancer are difficulty in urination and pain in the pelvis, back and thighs, these symptoms may be caused by other diseases. The onset of any these signs should not be ignored and man should see his physician immediately to find out the cause.

Therefore an important precautionary measure would be for every man over 40 to have a rectal examination as part of a regular physical exam. Many prostate cancers could be discovered while still confined to the prostate gland, when the disease may still display no symptoms. When found at that early stage, the great majority can be treated successfully instead of temporarily controlled.

What you need to know about cancer
National Cancer Institute
NIH Publication No. 83-1828
Reprinted March 1983

CHEMOTHERAPY

Treatment with anticancer drugs, called chemotherapy, is used to destroy cancer cells by disrupting their ability to grow and multiply. There are many different drugs used to treat cancer, and they are given to patients in different ways: some are given by mouth; others work better when they are injected into a muscle, a vein, or an artery. Some of these drugs are given in cycles a treatment period, followed by rest period, then another treatment period, and so on. Regardless of how it is given, chemotherapy finds its way into the bloodstream and is carried all through the body. Because chemotherapy can act on cells throughout the body, it is called systemic treatment.

Depending on the specific drugs the doctor orders, most patients take their chemotherapy as outpatients at a hospital, at the doctor's office, or at home. Sometimes it may be necessary to stay in the hospital so the effects of treatment can be watched.

Chemotherapy works mainly on cancer cells, but it also affects other rapidly growing cells, including hair cells and cells that line digestive tract. As a result, patients may have side effects such as hair loss, nausea and vomiting. Most anticancer drugs also affect the bone marrow, decreasing its ability to produce blood cells. Therefore, some chemotherapy patients may have a higher risk of getting an infection. The type and degree of side effects depend on the drugs being give, the dosage, the patient's age and general health, and other factors.

What you need to know about cancer
National Cancer Institute
NIH Publication No. 90-1566
Revised August 1988
Reprinted November 1989

RADIATION THERAPY

In radiation therapy (also called x-ray therapy, radiotherapy, cobalt treatment, or irradiation), high-energy rays are used to damage cancer cells so they are unable to grow and multiply. Like surgery, radiation therapy is a local treatment; it affects only the cells in the treated area. (For some cancers, like leukemia and lymphoma, the whole body may be radiated.) Radiation therapy may be used before surgery to shrink the tumor or after surgery to destroy any cancer cells that may remain in the area. The two most common types of radiation therapy are external radiation therapy and radiation implants.

In external radiation therapy, a machine directs high-energy rays at the cancer. Patients usually receive these treatments 5 days a week for several weeks as outpatients (they don't stay in the hospital). Patients who receive external radiation therapy are not radioactive during or after treatment.

Sometimes it is best to put cancer-killing rays as close as possible to the tumor. By using a radiation implant, the doctor can give a higher dose of radiation than is possible with external therapy while sparing most of the healthy tissue around it. For patients having radiation implant, a small container of radioactive material is placed in the body cavity or directly into the cancer. While the implant is in place, most patients stay in the hospital. The radioactive material in the implant may transmit rays into the area around the patient, so visit and contact with these patient so visits and contact with these patients are limited during treatment. Once the implant is removed, no radioactive material remains in the patient. There is no danger to patient or visitors.

Even though radiation therapy is directed only to the area where treatment is needed, it can cause side effects. Most of the side effects that occur, although unpleasant, are not permanent. The most common side effects of radiation therapy are unusual tiredness and skin reactions (such as rashes or red areas) in the area being treated. Radiation therapy also may cause a decrease in the number of white blood cells, which help to protect the body against infection. The type and degree of side effects depend on the area of the body that is being treated.

What you need to know cancer
National Cancer Institute
NIH Publication No. 90-1566
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For more information on the curriculum and of the "Paso a Paso" program model, please contact:

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ABOUT SAN VICENTE CLINIC

San Vicente Clinic/Centro San Vicente is affiliated to the Daughters of Charity National Health Care System and is a Social and Medical Services clinic located in the Lower Valley of El Paso, Texas. As a non-profit institution committed to the integral health of each individual, the center offers health, medical, social and health promotion services. San Vicente's purpose is to provide the best quality medical and social services to all those people and families that are in need of it. As a member of the National Health Care System of the Daughters of Charity the center has a very firm social commitment to working for the prevention of illness and health education. The core values held by the National Health Care System of the Daughters of Charity are:

- Respect
- Advocacy
- Quality of Service
- Attention to the least protected
- Simplicity

Since it's beginning in 1988 the center has maintained it's firm commitment to it's involvement in the "Paso a Paso" program even when funds for the continuation of the project were not available. Presently, in El Paso it is the center which serves as a model for the education and patterning of health volunteer community workers for the program "Paso a Paso". They have instructed, prepared and graduated hundreds of participants in the last three years. It is the center that offers continuous training to the volunteer community health workers.

For additional information on the Community Health Workers Program at Centro San Vicente contact:

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WHAT IS THE "STEP BY STEP" HEALTH PROMOTION PROGRAM ALL ABOUT

The intervention model which was named "Paso a Paso/Step by Step" was first put together by incorporating elements uncovered while conducting focus groups, such as learning by doing or eliminating access to exercise facilities by creating walk clubs. The pilot program was first implemented with over 400 participants at twelve different locations between April 1988 and December 1988. During this time the team leaders were all under contract to the Hispanic Health Promotion Project awarded by the Office of Minority Health.

The "Paso a Paso/Step by Step" program continues to follow the ensuing steps:

- I. Recruitment of clients in community centers
- II. Enrollment in an eight week participatory program
- III. Distribution of reinforcing educational materials
- IV. Implementation of the participatory curriculum

ABOUT THE PARTICIPATORY CURRICULUM

The approach taken in the preliminary and final curriculum is action oriented, stressing concrete examples to achieve teaching objectives. The activities are carried out as a group, and they take into consideration external barriers or reinforcements, such as family support. The program begins with a self-assessment, a simple questionnaire to determine the risk factors associated with diabetes. From the process of self-discovery comes a growing recognition that perhaps what the client does every day increases their risk of illness and/or an early death. The self-discovery and self-esteem building process is key in the "Paso a Paso/Step by Step" approach to health promotion - disease prevention.

The activities during the eight weeks are based around the values, beliefs and knowledge of the participants. The didactic approach are derived from publications by Dr. David Werner and Dr. Bill Bower (1982-1985). In these works the authors provide examples of how to involve the client in the learning process.

"Community health education is appropriate to the extent that it helps the poor and powerless gain greater control over their health and their lives. We health workers need to adapt our teaching to people's traditional ways of learning-ways they are used to and enjoy. Good teaching is the art, not of putting ideas into people's heads, but of drawing ideas out". (Werner and Bower 1985 pp 1-16).

This approach to education was named liberating education as opposed to conventional or progressive. The function of liberating education is to transform the participant. This is a goal that goes beyond the goal of conventional education, which is to get individuals to conform, or progressive education which attempts to reform the client. The expected outcome for this type of education is that it finds ways to gain more control over the factors which affect health and the lives in general of those involved.

The role of the team leader is as facilitator (catalyst for activities and discussion). As facilitator, the team leader is expected to help the group arrive at conclusions together.

The primary element that is adopted from the approach of Warner and Bowers is the teaching. The sessions center around ACTIVITY. Everyone is expected to participate. Learning takes place by performing specific tasks or by participating in discussions. Another common element between the "Paso a Paso/Step by Step" program and the ideas presented in Warner and Bower (1985) is the nature of group interaction. Participants in the "Paso a Paso/Step by Step" program are encouraged to help each other. Those who are more motivated are expected to encourage those that are having difficulty.

The departure from a strict interpretation of "liberating" education lies in who decides what should be learned. In the strictest sense in liberating education the students (or the community) and the instructors would decide what should be learned. For the eight week program a specific set of teaching objectives exists. The name for the approach can not be borrowed from Warner and Bowers since there is this fundamental difference. The approach is a hybrid which might be called "participatory", because the principal similarities revolve around the emphasis on participation in hand on activities.

The outline for the design of the eight week curriculum follows the Patient and Profession Education Guidelines of the Center for Disease Control (CDC - State Diabetes Control Program 1983). The guidelines are intended to be used in conjunction with available education content handbooks and manuals or for developing educational programs, as well as for providing a guide for certification of education programs.

According to the CDC Center for Prevention Services the components for a quality education program include:

- I. Clear goal/purpose
- II. Specific objectives
- III. Program coordinator or facilitator
- IV. Physician involvement (in this case limited by access)
- V. Instructors trained in diabetes prevention and teaching skills
- VI. Documented needs assessment of program participants
- VII. Content and instructional materials based on needs assessment
- VIII. Program participant and family member participation in the learning process.
- IX. Continuing education and referrals.
- X. Documentation and appropriate communication
- XI. Evaluation of outcome
 - A. Impact measures
 1. Knowledge
 2. Skills
 3. Behaviors
 - B. Clinical Measures
 1. Glucose measurement (not applicable in this case because of the restrictions on invasive procedures).
 2. Weight change.

The goal/purpose of the eight week program is to provide at risk individuals with the information and skills to make lifestyle changes that will result in weight loss, and improved physical fitness. The purpose is incorporated into the program in both written form in the invitations to participate and in the group activities which take place during the group sessions. The first session included exploring the participants expectations for the course and a clarification of the program purpose.

Instructors should be trained in the basis of chronic diseases with the support of volunteer medical personnel. For the teaching skills a Program Coordinator or Lead Facilitator can implement the training sessions arranged in the APPENDIX. The body of the manual is intended to provided the path for implementation of the PASO A PASO program in the community. The training format in the APPENDIX includes suggested formal classes (exercise promotion, teaching methods, CPR, etc.) to train facilitators.

Program participant and family member participation in the learning process is encouraged. There are instances where there will be as many as three generations in one group. Continuing education and training on referrals based on self-assessment and evaluation by the Coordinator or Lead Facilitator should be done at their discretion but no fewer than four quarterly sessions a year. There should be list of referral sites and numerous referral slips available.

HOW TO USE THE "STEP BY STEP" MODEL TO EDUCATE THE COMMUNITY

GENERAL RECOMMENDATIONS

When introducing the course and after introducing yourself and the rest of the group among themselves, give a general explanation on the objectives, content and structure of the course.

From the second session on, it is convenient to initiate work with a review of the previous session(s) and an evaluation of the homework from the week before. Immediately following give a general explanation of the issues corresponding to the session that is about to begin.

Afterwards show and distribute the material that will be used, in some cases, the material should be distributed to participants once the introduction to the issue has been made. This will allow them to think of the answers on their own, instead of giving these to them, thus avoiding the participants from being distracted during the session by reading material which will be presented later.

At the end of the session assign homework for next week. Try to make the homework as simple and as inoffensive as possible. If someone does not want to keep a registry, ask them if they can come at least one hour earlier for the next session.

It is important to take into account that the conferences by themselves tend to be boring and little effective. In order to change peoples mind's, make them participate intellectually and emotionally on the ideas being handled. That is why this program is more like a discussion, a round table, a game, a giving of ideas and sharing the way they think, etc., rather than a traditional teaching course.

In order to reinforce the above mentioned, it is convenient not to comment on how to solve the problems; allow them to come up with their own solutions. You may and must encourage everyone to participate, encouraging them not to see the learning experience as a threat. This can be done in several ways. One of them is to organize a class with small groups of six to eight people. You can allow participants to chose their own groups or assign them

yourself; maybe women will be less willing to answer certain aspects if there are men in the group.

Ask for volunteers from each group to act as health education assistants for their group, who will be spokesperson during the testimonial aspect of the program. The assistants will be responsible for sharing the small group's point of view as well as expressing the ideas to the rest of the group. You may ask the participants to voluntarily act as spokesperson for other groups or for their own groups.

SPECIFIC RECOMMENDATIONS

- * Explain step by step what has to be done. If you are explaining an instruction there will be people who understand and others that don't, repeat trying to be patient.
- * Have control of the group without being authoritative, the key to having the group feel good with you is to act like a guide.
- * Use techniques to keep people's attention; from time to time rise your voice, lightly tap on the table, tell a joke, give a simple exercise, etc.
- * Speak the truth, be honest, if a question is delicate ~~respond~~ as clearly as possible, if you are not direct and approach many complementary issues you will leave the participant feeling insecure and it will devalue your image.
- * Give positive alternatives, try not to judge, sometimes they will ask (What do you think about...?) (What do you think if I do this...?), in these cases share the experiences of other anonymous persons or quote a famous author, etc., and then say what you know or think about this matter.
- * Make sure everyone participates, sometimes only a few participate, make sure you involve the rest of the people, you can say for example: What do you think about what was just said, do you agree?, etc.
- * Use didactic material; it would be useful to have posters of simple but professional illustrations, but if for some reason this is not possible, use the blackboard, make a drawing, use vivid colors. Films or tapes that are not too long are useful; slides or acetates may be too formal.
- * Include the experience rich in comments from the people, it is better to apply the popular saying; it is better to say I lived it to write it, rather than I read it to live it.

- * Give positive feedback, remember that if you have negative comments you will influence the rest of the group members.
- * Keep in mind the need of the group.
- * Have a disposition to explain and clarify any doubts.
- * Ask for opinions or feedback from the group.

ABOUT THE LAYOUT OF THE MANUAL

With the purpose of easing its use, each session in the manual is organized following the same structure;

- Introduction
- Descriptive letter
- Activities or exercises
- Materials
- Self-esteem
- Evaluation

Each segment in the sessions has a well defined function.

- The introduction has the finality of clarifying what are the objectives to be reached in the chapter. To present preliminary information that can be used as a bases for having the session and present some recommendations which attempt to more effectively carry out the activities to be implemented.
- The descriptive letter is useful for the rapid visualization of the content and structure of the session. The Descriptive letter shows the title of each segments in the session, the methodology to follow, the materials to be used and the time to be allowed for each segment.
- The Activities or Exercises are the nucleus of the intervention. A list of activities for each session is given in the Descriptive Letter, but are described in detailed in this section. Each activity is described in sufficient detail for it to be done according to what the field experience has shown will have the greatest success.

- The Materials that have to be prepared beforehand to be able to implement each session may be obtained from this section and to a certain extent from the Descriptive Letter.

- The Exercise in Self-esteem is the latest segment in the Step by Step model. Each session attempts to help the participants to feel better about themselves, thus obtaining more control over their actions.

- The Evaluation consist of an activity in which the facilitator should obtain feedback from the group. It is important to see to what degree the group has been able to share valid and relevant information.

ABOUT THE MATERIALS

POSTERS AND BOOKLETS

Posters and booklets are as companions to the eight week participatory curriculum and as a tool for self instruction. The posters and booklets were field tested (a total of six booklets were produced). Materials which had been produced locally or by national organizations were used as the basis for developing these bilingual materials. However, the emphasis was on incorporating folk concepts as a reinforcing factor and on making the materials interactive. Each booklet or pamphlet was laid out with questions or exercise for the reader.

STEP BY STEP POSTERS (TOTAL OF 7)

1. Nobody know what they have until they start to loose it
2. A little at a time
3. You can't eat just one
4. A hundred mile walk starts with the first step
5. You want it; you got it
6. Achieving by persistence
7. Eat well, be happy

STEP BY STEP COMIC BOOKLETS (BILINGUAL)

1. "Better safe than sorry"/What is diabetes?
2. "A one hundred mile walk starts with the first step"/
How to start a walking club.
3. "If you want it, you got it"/Energy and exercise
4. "Achieving by persisting" /Taking care of bad eating habits
5. "A Little at a time"/ Eat less

RADIO DRAMAS AND BILINGUAL COMIC BOOKS

There are five radio dramas (radio novelas) with complementary story-lines derived from focus group discussions. The anecdotal material collected over six was used as the basis for writing the scripts for the radio dramas.

FLIP CHARTS

The following is a listing of all the flip chart illustrations that are available as visual aids (total 70):

CHART #	CONTENT
1.	"The first step in keeping you health"
2.	"The dynamics of the presentation: how am I?"
3.	"Anybody can develop diabetes"
4.	"What is insulin and how does it work"
5.	"How do you get diabetes, do you feel it?"
6.	"What happens to the body and the mind when you have diabetes?"
7.	"What happens to the body and the mind when you have diabetes?"
8.	"Side effects of uncontrolled diabetes"
9.	"How to avoid complications"
10.	"More complications, what can I do?"
11.	"Popular beliefs about diabetes"
12.	"Popular beliefs about diabetes"
13.	"The food log"
14.	"The first step to begin exercising"
15.	"Good health promotion"
16.	"Walking Club- the rules"
17.	"I love exercise"
18.	"Achieving your goal"
19.	"Advantages to exercise"
20.	"Obstacles for exercising"
21.	"What is the most calory consuming activity?"
22.	"Exercise according to age"
23.	"Identification of the food groups"
24.	"Dairy products"
25.	"Proteins (meats)"
26.	"Fruits and vegetables"
27.	"Cereals and flours"
28.	"Preparing your menu"
29.	"Dairy products portions"
30.	"Protein portions"
31.	"Fruit and vegetable portions"

32. "Avoid salt, fat, sugar and alcohol"
33. "Avoid fat, especially animal fat"
34. "Avoid or limit refined sugar"
35. "Avoid alcohol"
36. "Limit your salt intake"
37. "Add fiber to your diet"
38. "Drink a lot of water"
39. "Sand tall and walk farther"
40. "Food log"
41. "Concerns over exercise"
42. "Medical care and consultation"
43. "Recommendation for cramps and aches"
44. "Clock your time and measure distance"
45. "Shopping"
46. "How to save money"
48. "Not so beneficial exercise"
49. "Avoid this type of exercise"
50. "Getting in and out of shape"
51. "A good diet"
52. "A diet to loose weight"
53. "Do you eat leftovers because its a sin to throw them away"
54. "You cant resist smelling or looking at food"
55. "Do you eat very big portions"
56. "You eat all day"
57. "Do you eat when your not hungry"
58. "Do you stuff yourself when your hungry"
59. "Do you eat very fast"
60. "Do you tend to eat high calory foods"
61. "Do you eat when your depressed"
62. "Do you reward yourself with food"
63. "I am valuable and important"
64. "I have the right to say no"
65. "I love myself when I take care of myself"
66. "Nobody is more or less then me"
67. "I enjoy compliments"
68. "By taking care of myself I respect myself"
69. "I know I should not live in the past or in the future"
70. "I get family support"

Artistic work: Antonio Ramos