

AIDS-free Community Campaign Toolbox

Living Well

Participant's and Leader's Guide



Institute of Cultural Affairs

LTID-Kenya, Tanzania, OPAD-Zambia, Zimbabwe, Canada, USA



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Toolbox ISBN: 978-0-9908895-5-7 (*AIDS-Free Community Campaign Toolbox* with seven guides)

About the *Living Well Leader's and Participant's Guide*

Richard Alton MA, ICA international staff, recognized the value of *Living Well*—the Stanford University Chronic Disease Self-Management Program—to assist those diagnosed with HIV to face and learn to live positively with their disease. He became a certified Living Well trainer and assisted African staff to become trained. Living Well was used extensively in the ICA African HIV/AIDS Prevention Initiative begun in 2002. In the early days it was particularly helpful in aiding the battle to reduce stigma and provide much needed support for those with HIV and AIDS. In the AIDS-Free Prevention Campaign, Peer Educators are trained to lead the small group sessions of those affected, greatly increasing the skills of those able to assist others in managing and preventing HIV/AIDS. Two hundred Living Well Groups were organized as part of ICA Zimbabwe's Rotary International grant from 2009 to 2012. Gerald Gomani, a certified Living Well trainer, adapted Living Well materials for use in that program and continued their use with groups in twenty-six communities in the ZIM50 one-year Community Campaign from 2013 to the present. The *Living Well Guide* is used for both participants and leaders.

The *AIDS-Free Community Campaign Toolbox*

The AIDS-Free Community Campaign Toolbox is a set of seven manuals, beginning with the *Campaign Consult Procedures: Leader's Guide*. This set of resources is the product of community HIV/AIDS prevention and management work undertaken by national Institutes of Cultural Affairs (ICAs) in eight African countries in collaboration with the Institutes of Cultural Affairs in the USA and Canada over fourteen years. The AIDS-Free Community Campaign was implemented and tested from 2013 to 2016 in twenty communities in peri-urban Harare by ICA Zimbabwe to consolidate what had been learned and organize the key aspects of community responsibility for AIDS prevention into a one-year replicable design.



The Institute of Cultural Affairs

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The Institute of Cultural Affairs facilitates social innovation, participation, and community building in all sectors of society. From over thirty years of working with villages, communities, and organizations, ICA has developed facilitation methods that enable groups to gather information from all present, analyze that information, and come to a common decision about how to act on it. ICA methodologies place community culture at the center of human development.

The Institutes of Cultural Affairs in the USA and Canada, and many donors and friends, have provided support for the African HIV/AIDS Prevention Initiative begun in 2002 and implementation of the AIDS-Free Community Campaigns beginning in 2013.

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1. Introduction

The Positive Self Management Program (PSMP) also known as Living Well supports self-care by providing participants with the tools they need to move beyond their HIV status, enabling them to be more effective in managing their condition. Two trainers or leaders are identified from the community to go through a 4-day trainer's program. The two leaders then recruit an additional ten people with the same condition to form a support group that generally has 12 members, including the two trainers who then provide the training to the group. The support group meets once a week at a community centre or in homes to learn the living well concepts. The meetings run for seven weeks following a designed training program (provided below). After completion, the support groups then graduate from the program and a new group of trainers is identified. Currently there are 200 support groups that have gone through the training program. Empowering people with information, skills and advice, the PSMP has been successful in enhancing the lives of its participants by boosting their confidence, widening their horizons, and encouraging them to build supportive social networks. The course makes a difference not just in the lives of participants, but in the lives of everyone in their communities.

The Positive Self-Management Programme is aimed at empowering people living with HIV/AIDS with basic principles to overcome the challenges facing them, to allow them to take charge of their condition and to enjoy life like everybody else.

The PSMP was developed at Stanford University Patient Education Research Centre as a collaborative research project between Stanford and Northern California Kaiser Permanente Medical Care Program. The primary developers are Kate Lorig RN DrPH, Virginia Gonzalez MPH, and Diana Laurent MPH, all of whom are at Stanford.

In a 5-year research project, the Chronic Disease Self-Management Program (CDSMP) was evaluated in a randomized study involving more than 1,000 subjects. This study found people who took the Program, when compared to people who did not take the Program, improved their healthful behaviors (exercise, cognitive symptom management, coping, and communications with physicians), and improved their health status (self-reported health, fatigue, disability, social/role activities, and health distress), and decreased their days in hospital.

In 1994, the Program was introduced in Australia; the Program has also been adopted in Canada, Great Britain, as well as other countries and in Africa. It has also been translated into other languages and adapted for those different cultural groups. The Program is currently disseminated by the Kaiser system, as well as other hospitals and health care agencies across the United States.

This training is designed to involve participants; it is not a "sit and listen" class. Therefore, the process is very important. It emphasizes ways to help participants increase the confidence (or **self-efficacy**) they have in managing their condition and the problems that occur because of it. The course increases self-efficacy in the following ways:

Goal setting, making an action plan, feedback and sharing: These activities take up about 25 to 35% of each session and are an important part of the workshop. It is through these activities that people begin to master successfully the tasks they want to accomplish, giving them increased confidence in their abilities to deal with the symptoms and problems caused by their health problem.

The programs have also been successfully implemented in Uganda and Kenya. Below are comments from participants' on the evaluation from Uganda and Kenya.

Participants now feel more able to disclose their status to those close to them (sexual partners, friends, family and colleagues) and have the communication skills to do so effectively. Those participants that were unpaid when they began the PSMP have been vigorously seeking paid employment, some even using the PSMP certificate to help them secure a new post. Others have been able to set up their own small businesses. Participants are generally much more open and able to share experiences with friends and family and more able to negotiate sexual situations – practicing safer sex when appropriate.

2. Underlying Assumptions of the program

- People with chronic conditions have similar concerns and problems.
- People with chronic conditions must deal with not only their disease(s), but also with the impact these have on lives and emotions.
- Lay people with chronic conditions, when given a detailed Leader's Guide, can teach the CDSMP as effectively, if not more effectively, than healthy professionals.
- All of these assumptions have been evaluated in previously published studies. A bibliography can be found in the appendix of the Leader's Guide.

This guide is intended primarily for leaders of Living Well groups, but participants may also find it useful.

Detailed Procedures

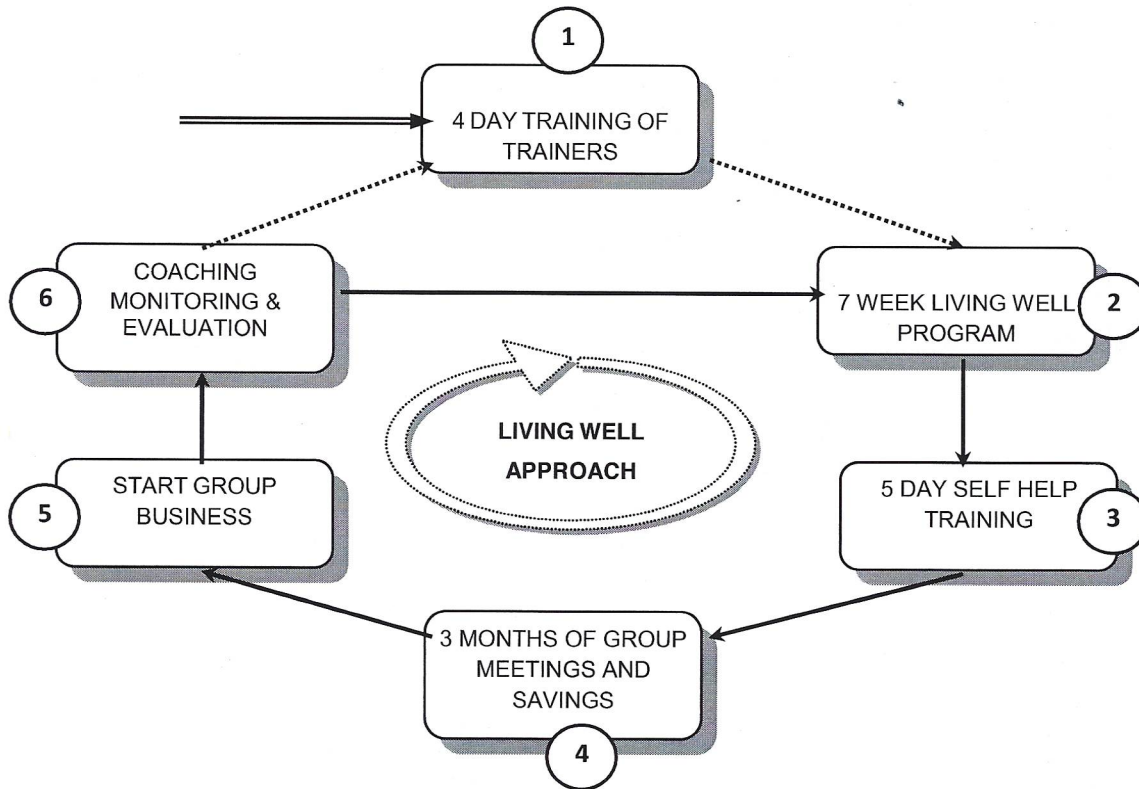
Detailed procedures for Living Well sessions are available. Contact Gerald Gomani, Director ICA Zimbabwe at icazim01@gmail.com.

3. Workshop Overview

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Overview of self-management and chronic health conditions	•					
Making an action plan	•	•	•	•	•	•
Using your mind to manage symptoms	•		•	•	•	•
Feedback/problem-solving		•				
Difficult Emotions		•				
Fitness/exercise		•	•			
Better breathing			•			
Pain			•			
Fatigue			•			
Nutrition				•		
Future plans for health care				•		
Communication				•		
Medications					•	
Making treatment decisions					•	
Depression					•	
Working with your health care professional						•
Working with the health care system						•
Future plans						•

Note: The participants meet once a week before the training for Introductions and program walk through which gives them the seven weeks for the entire training program.

4. Linking Living Well Approach Model with Self Help Approach



Developed by Institute of Cultural Affairs Zimbabwe

Chart 1

Problems Caused by Chronic Conditions

(Fill in participants' comments and keep this chart.)

Note: Remember to keep this chart for use again in Session 6. You will compare this to the new chart you will generate in the last activity of the last session.

Chart 3

Guidelines

1. **Come to every session.** Be on time.
2. **Be respectful of others and their ideas.** Don't talk over or interrupt others; allow everyone a chance to talk; it's OK to disagree.
3. **Maintain confidentiality.** Personal information shared in the group stays here in the group.
4. **Give any new activities at least a two-week trial plan.** Before deciding which tools work best for you.
5. **Make and complete a weekly action.** We will be talking more about this at the end of the session.
6. **Call your buddy weekly.** The leaders will call the first week. After that, you will need to find a buddy and call each other.
7. **Turn off your cellphones/pagers.**

Add any other items that apply to your group, e.g., please do not wear heavy perfume, no selling of products, take care of your personal needs, etc.

Paraphrase the following: Most of us think of our lives as a path. This path may have twists, turns, obstacles and surprises. Having a chronic health problem changes the nature of this path. As we indicated in our introduction, it brings about limitations, frustrations, and uncertainty about the future; it may make more of those twists and turns, or the obstacles and surprises bigger or more frequent.

There are many ways to respond to these changes, and how we do leads us in different directions. For example, we can choose to do nothing and gradually lose the ability to do the things we want, or we can work on improving or maintaining our overall fitness in order to maintain or regain some of our former pleasures.

No matter what we do, we are managing our chronic health problem. Our choice is whether or not to be a passive manager or an active manager. If the choice is to actively manage, then we must be willing to take on three sets of self-management tasks (Chart 4).

Chart 3 may be photocopied for your workshop participants if you do not want to make it by hand. This is the **ONLY** chart that should be photocopied.

Chart 4

Self-Management Tasks

1. Take care of your health

Take medicine, exercise, go to your health care providers, change you diet.

Keep informed about your status – ask questions, read, etc., and when necessary, carry information from one provider to another. .

Take part in planning your treatment program by monitoring and reporting on your condition and sharing your preferences and goals with the physician and all other members of the health care team.

2. Carry out your normal activities such as chores, employment, social life, etc. Do the things in life that are important to you. This may mean changing the way you do things. For example, using a garden stool on wheels or having prepared dinners in the freezer for times you are not feeling up to cooking.**3. Manage the emotional changes** brought about by your illness, such as anger, uncertainty about the future, changed expectations and goals, and sometimes depression. Changes may also happen in your relationships with family and friends.

Know that there will be emotional “ups and downs” and that the “downs” are not pits to crawl out of, but natural ups and downs that all paths have.

Chart 5

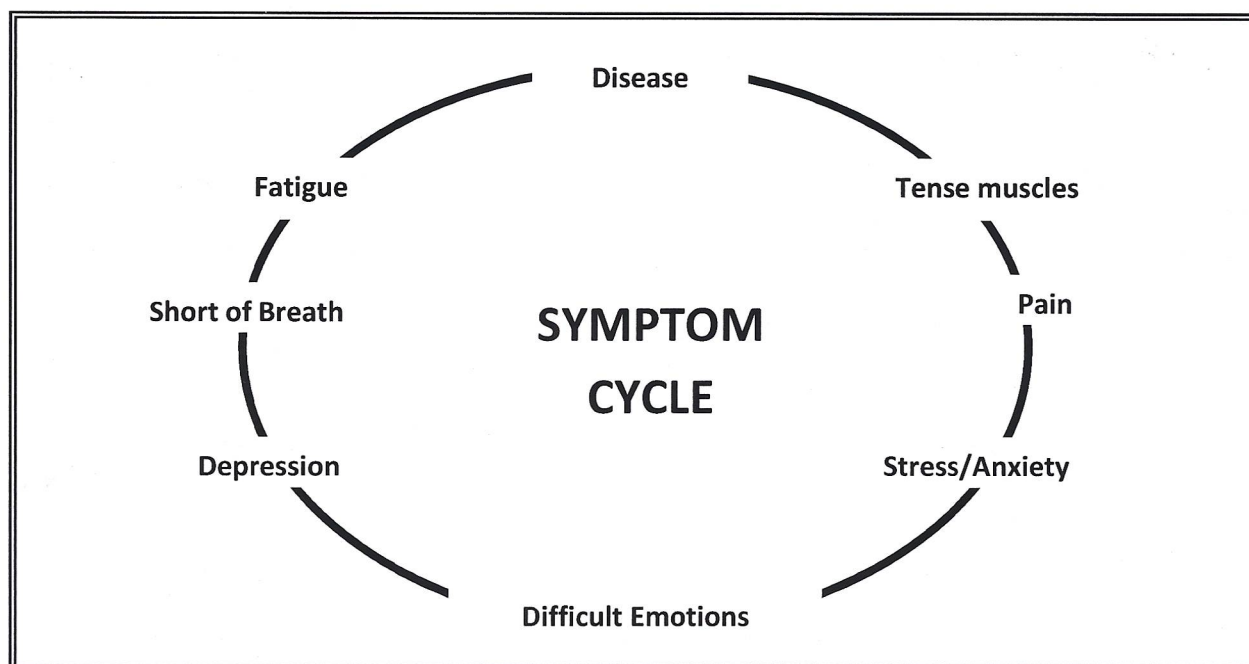


Chart 6

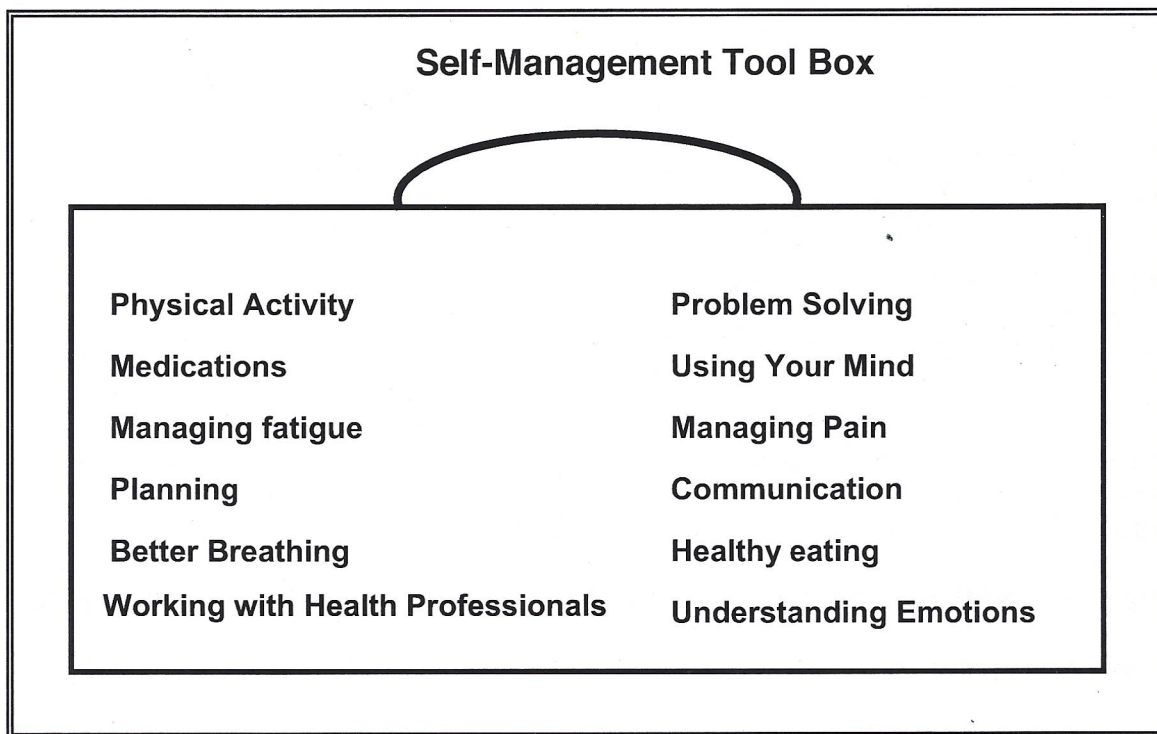


Chart 7

Action Plan Script**I. Deciding what one wants to accomplish**

Ask the person, "What will you do this week?" It is important that the activity come from the participant and not you. This activity does not have to be something covered in the workshop – just something that the participant wants to do to change behaviour. Do not let anyone say, "I will try..." Each person should say, "I will..."

II. Making a plan

This is the difficult and most important part of making an action plan. Part I is worthless without Part II.

The plan should contain all the following elements:

1. Exactly what is the participant going to do i.e., how far will you walk, how will you eat less, what relaxation techniques will you practice? Make sure this is an ACTION, not the result of an action!
2. How much, e.g., walk around the block, 15 minutes, etc.?
3. When will the participant do this? Again, this must be specific (i.e., before lunch, in the shower, when I come home from work).
4. How often will the activity be done? This is a bit tricky. Many participants tend to say every day. In making an action plan, the most important thing is to succeed. Therefore, it is better to commit to do something 4 times a week and exceed the commitment by actually doing it 5 times than to commit to do something every day and fail by only doing it 6 days. To insure success, we usually encourage people to commit to do something 3 to 5 days a week. Remember that success and self-efficacy are as important, or maybe even more important, than actually doing the behaviour.

III. Checking the action plan

Once the action plan is complete, ask the participant "On a scale of 0 to 10, with 0 being not at confident and 10 being totally confident, how confident are you that you will repeat the participant's action plan verbatim?"

If the answer is 7 or above, this is probably a realistic action plan.

If the answer is below 7, then the action plan should be reassessed. Ask the participant: "What makes you uncertain? What barriers do you have?" Then discuss the problems. Ask other participants to offer solutions. YOU should offer solutions LAST. Once the problem solving is completed, have the participant restate the action plan and return to repeat Part III, checking the action plan.

Note: This planning process may seem cumbersome and time consuming. However, it does work and is well worth the effort. The first time you make action plans with a group, plan 2-3 minutes per person. Making an action plan is a learned skill. Your participant will soon be saying "I will _____ 4 times this week before lunch and have a confidence level of 8 that I can do this." Thus, after two or three sessions, making an action plan should take less than a minute per participant. (See parts of an action plan on page 12.)

Parts of an Action Plan

1. **Something YOU want to do**
2. **Achievable**
3. **Action-specific**
4. **Answer questions:**
 - What?
 - How much?
 - When?
 - How often?
5. **Confidence level of 7 or more**

Chart 8

Problem-Solving Steps

1. **Identify the problem.** This is the most difficult and most important step. For example, someone might feel that poor performance at work is the problem, when the real problem is that fatigue is affecting her ability to concentrate on her work.
2. **List ideas** to solve the problem. For example:
 - Increase her fitness by taking a short walk at lunchtime.
 - See if there's a place she can take a short nap or rest during her lunch hour.
 - Call her health care provider or pharmacist to ask if any of her medications cause fatigue, or look up information on depression to see if the fatigue is caused by depression.
3. **Select one method to try.** For example, taking a walk at lunchtime might help her to become more fit, as well as help her determine if she's depressed. If depression is causing the fatigue, she will feel less fatigued after her walk.
4. **Assess the results.** If the problem is solved—great! If not...
5. **Substitute another idea** from the list if the list didn't work, or one of your own. Continue assessing the results and substituting ideas until you've used all the ideas on your list. If the problem still isn't solved...
6. **Utilize other resources** to make another list. Ask friends, family, and professionals for ideas if your solutions didn't work, then go back to #3, and continue until you've used all the items on your new list. If your problem is still not solved, then...
7. **Accept that the problem may not be solvable now.** She can revisit it at another time.

Chart 9

Three Kinds of Physical Activities

1. **Flexibility activities.** Stretch or loosen muscles and joints, and help with balance and coordination. Do these slowly, holding each stretch for a few seconds.
2. **Strengthening activities.** Make your muscles stronger by working them harder, usually done against resistance; also help balance and coordination.
3. **Endurance or Aerobic activities** are also called cardiovascular exercises, such as walking, biking, swimming and dancing, which work most of the body. To be most effective, these activities should be done for total of 120 minutes a week.

Chapter 10

Physical Activity Programs Goals

1. **Moderate aerobic activities 20–30 minutes, 3–5 days week.** The goal is 120 minutes per week total. When exercising at a moderate level, you should be able to talk comfortably while doing the activity.
2. **8–10 strengthening exercises 2–3 days a week.** Choose 8–10 exercises and start with no more than 5 repetitions of each and slowly increase over two weeks to 10 repetitions. It's best not to do strengthening exercise every day; a day between gives your muscles and joints time to adapt and strengthen.

Chart 11

Reasons for Shortness of Breath

Damaged lungs (e.g., COPD)

Weakened heart (it can't pump the oxygen in the blood as well)

Increased demands (e.g., exercise)

Narrowed breathing passages (e.g., Asthma)

Low number of red blood cells (anemia)

High altitude (there's less oxygen)

Excess body weight (lungs don't have much room, heart has to work harder)

Anxiety (heart beats faster)

Smoking (or other irritants in the air)

Chart 12

Moderate Endurance Activity

You will feel

- Faster heart rate
- Faster breathing
- Slightly warmer

AND

You should be able to:

- Continue for at least 5 minutes without feeling a lot of fatigue
- Talk
- Feel completely recovered after 30 minutes of rest. Resting = not doing exercise.

Chart 13

Be *F I T*

Frequency – most days of the week. Three days per week is a starting minimum.

Intensity – how hard you work. No more than a moderate level.

Time – how much you exercise each day. The goal is to accumulate 30 minutes each day you exercise. These 30 minutes can be done in 2–15 minute periods, or 3–10 minute periods or six 5-minute periods. It doesn't have to be done all at once.

Chart 14

Monitoring Exercise Intensity

Talk Test. Carry on a conversation, talk out loud to yourself, recite a poem.

Self-Rating of Exertion. Rate how hard you are working on a scale of 0–10 with 0 being no work and 10 being the hardest work you could do—so hard you could only do it for 30 seconds. Moderate is 3–5 on this scale.

To find your pulse rate. Find the pulse on the side of your neck below the angle of the jaw. When the second hand on your watch gets to 12 or 6, begin counting beats. Stop in 15 seconds. Multiply that number by 4 to get the number of beats per minute. Above 120 is considered high.

Chart 15

How to Make Our Wishes Known

1. **Decide what your wishes are** and record them on the document.
2. **Discuss with your agent** and family and important friends.
3. **Discuss with your health care provider** (all of them).
4. **Sign and have witnesses.**
5. **Have your wishes placed in your medical records** (all of them).
6. **Give a copy to your agent.** Don't put it in a safe deposit box!

Chart 16

Healthy Eating Means...

Eat a variety of foods so the body gets all the nutrients it needs to function well. To do this, try to choose foods from each food group, eat different things every day, and watch the portion size or amount of each you eat.

Eat regularly provides the energy the body needs throughout the day; therefore eating regularly at the same time every day and spacing meals out at regular intervals during the day is important. The number of meals and the time between meals may vary according to your health needs and lifestyle. Many of us eat 3 regular meals a day, every 4–5 hours, but some people may need to eat smaller meals, more frequently throughout the day, such as 4–6 times a day.

Eat a morning meal everyday is important because it helps fuel the body after a long night of resting and fasting; it gives us the energy to start the day's activities.

Eat the same amount at each meal helps us maintain an adequate, even amount of energy for the body throughout the day. Skipping meals or mixing large meals with tiny meals can throw off your energy your level during the day, and lead to unplanned and unhealthy snacking. It can also aggravate or cause other problems like irritability, mood swings, low blood sugar, pain or difficulties breathing due to stomach bloating, heart burn, indigestion, and even poor sleep.

Chart 17

Healthy Eating Guidelines

- **Eat a variety of foods from all food groups** to get all the nutrients your body needs, including proteins, carbohydrates, vitamins, minerals, fiber, and yes, even some fat. Variety also makes eating more enjoyable and satisfying.
- **Eat a minimum of 5 fruits and vegetables a day**; more is even better. These are a good source of fiber, vitamins and minerals. Also, depending on how they are prepared, they have little fat or no fat, no cholesterol, and are a good source of carbohydrates.
- **Choose foods lower in fat.** Choose leaner cuts of meat, eat more combinations of plant proteins, like rice with beans, rather than just animal proteins, use unsaturated rather than saturated fats in food preparation and for condiments, read labels in order to find lower fat products.
- **Watch your cholesterol level.** Two things determine our cholesterol, heredity and diet. To lower cholesterol, we can't change our heredity, but can change what we eat. Since cholesterol comes only from animal products - meat and dairy, not plants, we need to limit amount and types of animal products we use, and to eat more vegetables, fruits and whole grain products, which add fiber that helps lower cholesterol. Saturated and trans fats – fats that are solid at room temperature also help to raise cholesterol.
- **Watch your carbohydrates.** This is especially important for people with diabetes. The recommended amount of carbohydrates is 45–60 grams per meal. It is best to choose those carbohydrates that come from healthier sources such as breads, grains, pastas, vegetables and fruits, rather than sweets like, pastries, candies, sugars, jellies, etc., which also tends to be higher in fat.
- **Reduce the amount of salt or sodium** you eat and use in preparing foods. This is especially important for people with heart disease, diabetes and hypertension. Discuss how to do this.
- **Watch your weight the 200 calorie a day way** if weight is a problem. To prevent weight gain that occurs naturally as we get older, or to maintain weight, it helps to eliminate at least 200 calories a day through both physical activity and by eating less. For example, we could walk an extra ½ hour a day, burning about 100 calories, and forego eating one cookie for another 100 calories to eliminate our 200 calories a day.

If you have people in your class who are underweight add:

Being underweight can be as big a problem as being overweight. Try adding a few more calories to each meal and eat frequent small meals. Talk to your provider or registered dietician or nutritionist for more help.

Chart 18

Healthy Eating Means...

1. **Identify** what is really bothering you and how you feel about it.
2. **Express your feelings** constructively, in one of two ways:
 - **“Use “I” messages.** For example: “I feel I’m not being heard” is better than “You never listen to me.” When we first start using I messages, we need to watch out for hidden “you messages” with “I feel” stuck in front of it, such as “I feel frustrated when you act like a jerk.” These messages are also good to use to express positive emotions and feelings to others, which help improve our relationships.
 - **“When this happens...I feel...”** For example: “When I’m not able to talk about my plans for future health care, I feel frightened that my wishes will not be carried out.” For some, this way of expressing feelings might be easier than using the “I” messages.
3. **Listen attentively.** Sometimes we are so anxious to respond that we don’t really hear what others are saying to us. Try waiting a few seconds after the other person has finished before responding. Good listening is the other part of good communication.
4. **Clarify.** Repeat what you think you heard using your own words, then ask for clarification. For example, “Something about discussing advanced directives bothers you. Can you tell what it is?”

Chart 19

Purposes of Medications

1. **Relieve symptoms** such as inhalers and pain medications.
2. **Prevent further problems** such as diuretics, blood thinners to prevent stroke.
3. **Improve the disease or slow its progress** such as some heart medications and drugs for osteoporosis.
4. **Replace substances body normally produces** such as insulin and thyroid.

Chart 20

Medication Effects

No effect occurs when you think the medication is not working because the symptoms don't change.

In some cases like high blood pressure there are usually no symptoms so you may not feel anything when the medication is checked.

In other cases, the medication may be holding your symptoms*in check. You may not be getting better, nor are you getting worse, or you are getting worse at a slower pace.

Sometimes no effect means that it takes a while before it starts working, or it just isn't working.

DON'T STOP TAKING A DRUG BECAUSE IT HAS NO EFFECT UNTIL AFTER YOU TALK TO YOUR HEALTH CARE PROVIDER.

Negative effects. Allergy and side effects are the most common, so we'll talk about each.

Allergy is usually easy to spot. You may develop a skin rash, hives, swelling, wheezing or difficulty breathing. Drug allergies are dangerous. When these occur, **STOP TAKING THE MEDICATION IMMEDIATELY AND CALL YOUR HEALTH CARE PROVIDER.** If you are having trouble breathing, call 911.

An upset stomach, diarrhea and headaches are NOT allergies, they are...

Side effects are the most common negative effects. These are the unwanted effects that go along with the desired effects of a medication. They include nausea, constipation, diarrhea, dizziness, sleepiness, etc.

Some side effects, like frequent urination when taking diuretics to lower blood pressure mean the medication is working.

Often side effects can be avoided or managed by taking the drug exactly as prescribed, such as with food, a full glass of fluid, at bedtime, etc.

DON'T STOP TAKING A DRUG BECAUSE OF SIDE EFFECTS UNTIL AFTER TALKING TO YOUR HEALTH CARE PROVIDER. He or she can tell you what to expect and when, and may have ways to lessen the side effects or can find a different medication.

Drug Interactions can occur when you are taking more than one medication, which is often the case for people with chronic illness who take more than one drug for different symptoms. This can easily happen when you see several specialists for different health problems. These interactions can sometimes cause bad effects.

Sometimes these interactions can cancel out the effectiveness of one or both medications. Sometimes they can be dangerous when mixed together.

Chart 21

Medication Responsibilities

1. **Inform ALL your health providers of ALL medications and doses** including dentists. Remember you are the only one who knows everything you are taking, so be sure to also tell your health care providers about over-the-counter drugs, nutritional supplements, herbs, eye drops, medicinal creams and lotions, suppositories, etc.
2. **Discuss the need for medication and which is most appropriate.** This means determining if it necessary for YOU, and if there is more than one choice available which is the best for YOU when considering side effects, cost, schedule, etc.
3. **Use medications as prescribed.** This means don't cut pills in half, share pills with others, or take medications that were not prescribed for you.
4. **Report the effects of each medication.**
5. **Report if not taking drugs as prescribed.** Be honest and tell your provider if you're not taking them exactly as prescribed or if you are taking them at all. What are the barriers? When you leave the health provider's office, he/she is expecting you to follow through on information necessary to take care of your health problem.
6. **Make and carry a medication list.** Be sure to keep this updated, and review it periodically with your health care provider or pharmacist.
7. **Use the same pharmacy** to reduce the chances of drug interactions. The pharmacist can track better what drugs you are ready taking.

Chart 22

Evaluating Treatments

1. **What have you learned about effective treatments? Where did you learn about this?** From a scientific journal, supermarket tabloid, ad on TV, your neighbour, or a flyer?
2. **Were the people who got better like you?** Consider their age, gender, lifestyle, same health problems, etc.
3. **Could anything else have caused these positive changes?** Consider seasonal changes, other medications, emotional changes, changes in stress level, etc.
4. **Does treatment suggest stopping other medications or treatments?** Does it requires stopping taking another basic medication because of dangerous interactions?
5. **Does treatment suggest not eating a well-balanced diet?** Does it eliminate any important nutrients or stress only a few nutrients that could be harmful to me?
6. **Can you think of any possible dangers/harm?** "Natural" isn't necessarily better, just because it comes from a plant or animal. For example, hemlock is natural, but a deadly poison. These products are not regulated, except in Germany, and the dosages are not well controlled in some cases, prescribed medications come from natural plants, such as the heart medication digitalis which comes from the foxglove plant; it is "natural" but regulated so the dosage is exact and safe. What information does your health care provider or pharmacist have about this treatment?
7. **Can you afford it financially, physically, and emotionally?**
8. **Are you willing to go to the trouble and expense?** Do you have the necessary support in place?)

Chart 23

Steps Toward Positive Thinking

1. **Write down self-defeating thoughts** or irrational beliefs.
2. **Change them to rational and helpful thoughts about yourself.**
3. **Rehearse** mentally.
4. **Practice** in real situations.
5. **Be patient.** It takes time for new patterns of thinking to become automatic.

Chart 24

Take PART

Prepare

- **Keep track** of your symptoms; monitor what's wrong between visits. For example, are symptoms better, worse or the same, are changes slow or rapid; has anything changed in your life to affect you. Be sure to write this down, along with what you do to manage the symptoms, and whether or not it helped. This will help you spot trends or patterns in your condition.
- **Report** on your symptoms, changes and patterns in between visits. Also report on any medications or other treatments you are using, and their effects.
- **List** your MAIN concerns or questions. Ask these at the beginning of the visit. If you have more than 2 or 3 questions, give the list to your provider, but do not expect answers to more than 2 or 3 during the visit. Your provider should see the whole list, however, because something that may not seem important to you may be important medically.

Ask questions about your diagnosis, tests, treatments, and follow up.

Repeat back to the provider key points discussed during the visit, like diagnosis, prognosis, next steps, treatment, actions, etc. This gives both of you an opportunity to correct any miscommunications.

Take action. If there are barriers to your following his or her recommendations, let the provider know. Ask him or her to give you written instructions, if appropriate.

Appendix 1

Living Well 4-Day Program Outline Train the Trainer (ToT)

AGENDA

DAY ONE

- 9:00AM Introductions and Project Overview
- 9:30AM Workshop Introductions
- 10:00AM Workshop Overview and Responsibilities
- 10:10AM Differences Between Acute and Chronic Conditions
- 10:25AM BREAK**
- 10:40AM Using Your Mind to Manage Symptoms and Distraction
- 11:00AM Introduction to Action Plans
- 11:50AM Session One Review
- 12:10AM LUNCH**
- 1:10 PM Dealing with Difficult Emotions
- 1:50 PM Introduction to Physical Activity and Exercise
- 2:20 PM Session Two Review
- 2:40 PM BREAK**
- 2:55 PM Review of Training Techniques
- 3:25 PM Practice Teaching Assignments, Questions and Day One Closing
- 4:00 PM Adjourn for the day

DAY TWO

- 9:00 AM Questions and Answers
- 9:15 AM Feedback, Problem-Solving and Making An Action Plan
- 10:15AM Better Breathing
- 10:30AM Muscle Relaxation
- 10:45AM BREAK**
- 11:00AM Pain and Fatigue Management
- 11:20AM Endurance Activities: How Much is Enough?
- 11:45AM LUNCH**
- 12:45PM Session Three Review
- 1:20 PM Future Plans for Health Care
- 1:35 PM BREAK**
- 1:50 PM First Practice Teaching
- 3:35 PM Practice Teaching Assignments, Questions and Day Two Closing
- 4:00 PM Adjourn for the day

DAY THREE

- 9:15 AM Healthy Eating
- 9:40 AM Communication Skills
- 10:05 AM Problem-Solving
- 10:30 AM BREAK**
- 10:45 AM Session Four Review
- 11:05 AM Medication Usage
- 11:25 AM Making Informed Treatment Decisions
- 11:35 AM Depression Management
- 11:50 AM LUNCH**
- 12:50 PM Positive Thinking
- 1:15 PM Guided Imagery
- 1:35 PM Session Five Review
- 1:55 PM BREAK**
- 2:10 PM Working With Your Health Care Professional and the Health Care System
- Looking Back and Planning for the Future
- 2:45 PM (Discuss)
- 3:00 PM Session Six Review
- 3:20 PM Discussion, Questions and Day Three Closing
- 4:00 PM Adjourn for the day

DAY FOUR

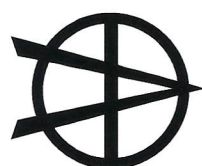
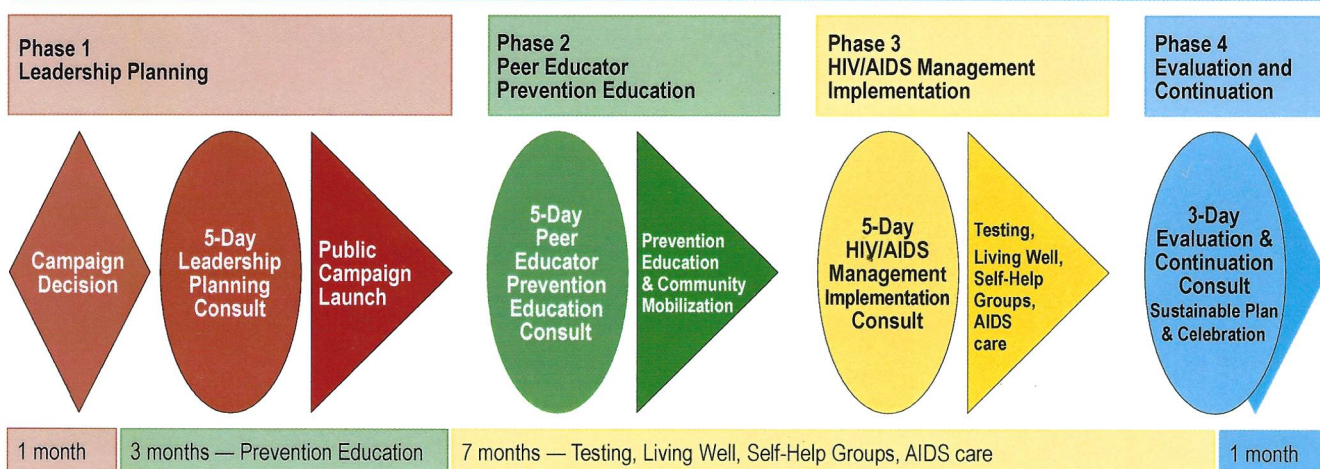
- 9:00 AM Questions and Answers
- 9:15 AM Feedback/Problem-Solving
- 10:15 AM Handling situations in Groups
- 11:00 AM BREAK**
- 11:15 AM Practice Teaching
- 12:00 PM LUNCH**
- 1:00 PM Practice Teaching, continued
- 2:15 PM What Are You Afraid Might Happen?
- 2:45 PM BREAK**
- Looking Back and Planning for the Future
- 3:00 PM Future
- 3:45 PM Questions about Logistics and Closing
- 4:15 PM Adjourn

Appendix 2

Checklist for Leaders

- Post the agenda at the beginning of every session.
- Keep to the time limits for each activity in the workshop.
- Have each participant make an action plan in every session and give feedback in Sessions 2–6. **DO NOT SKIP THESE.**
- If people are reluctant to participation in activities, gently encourage but do NOT force their participation
- Remember to **MODEL** appropriately, especially in making an action plan and giving feedback, by always starting with yourself.
- Do not talk about yourself for more than one minute when using personal examples.
- Encourage question-asking; if you do not know the answers, tell the participant(s) you will find out and report back next week. Call your program coordinator for answers.
- Monitor discussion to prevent individual monopoly.
- Keep discussions directed toward the subject.
- Encourage workshop participants to examine their own experiences and to share these with the group.
- Problems should be discussed by the group first, i.e., brainstorm solutions.
- Reinforce verbally or non-verbally with nods of head, etc., every person, every session.
- If someone misses a session, call to determine the problem. Be careful not to ask yes/no questions.
- **Do NOT add anything to the workshop and do NOT bring out speakers!**
- If you have questions or problems, notify the program coordinator.

AIDS-free Community Campaign Toolbox
ONE-YEAR AIDS-FREE COMMUNITY CAMPAIGN
 Community-Wide Consults and Implementation



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