

# SNMA NATIONAL SERVICE PROTOCOL HANDBOOK



Produced by the 2017-2018 National Community Service Committee  
Feedback would be kindly appreciated at [communityservice@snma.org](mailto:communityservice@snma.org)  
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## PREFACE – “Serving the Underserved”

The **2017-18 SNMA National Service Protocol Handbook** is designed for use by local SNMA chapters as they seek to implement the national service protocols. The mission of SNMA is to “support current and future underrepresented minority medical students, address the needs of underserved communities, and increase the number of clinically excellent, culturally competent and socially conscious physicians”. Community service is at the heart and soul of that mission. In order for us to successfully & effectively implement the national service protocols, it is vital that we understand the purpose of each protocol and why it is important to our communities. This handbook aims to provide that knowledge.

SNMA is *committed to reducing morbidity & mortality in underserved communities* and to this end our programs are focused on educating communities and empowering their members to make healthy lifestyle choices. In addition to benefiting the communities where the protocols are implemented, the National Service Protocols play a vital role in preparing future physicians to have an active role in health promotion & disease prevention. Participation in community service programs also serves to help medical students develop the interpersonal skills vital to have productive & healthy relationships with patients.

We hope that with use of this handbook each & every SNMA member becomes a culturally competent, socially conscious physician.

Yours in SNMA,  
National Community Service Committee

# TABLE OF CONTENTS

<b>Role of the Community Service Liaison/Coordinator at the Chapter Level.....</b>	<b>4</b>
<b>A Word on Cultural Competency.....</b>	<b>5</b>
<b>Planning A Member Training Session.....</b>	<b>9</b>
<b>10 Steps to Hosting A Successful Program.....</b>	<b>10</b>
<b>SNMA National Service Protocols.....</b>	<b>11</b>
Service Protocol Calendar.....	12
Pipeline Programs Preview.....	13
TODER: Tissue Organ Donation, Education & Recruitment.....	15
Health & Wellness: Obesity Prevention.....	18
Smoking Prevention & Cessation.....	21
Sexual Health Awareness and LGBT Health.....	24
Mission for Mental Health/ TAP Into Mental Health .....	29
Violence Prevention.....	34
<i>Healthy People</i> Health Fairs.....	37
<b>Appendix</b>	
A. Sample Work Plan.....	40
B. Community Service Program Report Form.....	41
C. Chapter Check Request Form.....	42
D. Parent/Guardian Authorization Form.....	43

## **ROLE OF THE COMMUNITY SERVICE LIAISON/COORDINATOR AT THE CHAPTER LEVEL**

The SNMA Local (Chapter) Community Service Liaison/Coordinator is responsible for the oversight & coordination of SNMA National Service Protocol programs at the chapter level. A chapter officer or chapter member may hold this role. He/she must be able to communicate effectively with others, possess excellent time management skills and demonstrate strong leadership skills.

**ADMINISTRATIVE DUTIES:** Local Community Service Liaisons/Coordinators should contact their Regional Community Service Liaisons at the beginning of their term and obtain the most recent edition of the *SNMA National Service Protocol Handbook*, the *Intro to SNMA National Service Protocols and Service Protocol specific* PowerPoint presentations. Community Service Liaisons/Coordinators should familiarize themselves with these resources. The primary goal of the SNMA National Service Protocols is to effect change in underserved communities across the nation. In order to effectively evaluate the impact of our programs and seek funding for future programs, it is vital that chapters document their service activities. Community Service Liaisons/Coordinators should use the *Community Service Program Report\* form* included in this handbook to track their chapter's activities, which can be utilized to assist in completing quarterly Chapter Report Forms.

**PROGRAMMATIC DUTIES:** Implementing SNMA's National Service Protocols is the primary responsibility of the local (chapter) Community Service Liaison/Coordinator. He/she should:

- Promote chapter implementation of the National Service Protocols
- Assist the chapter president in creating a community service calendar for the year
- Plan member training sessions
- Develop a *Work Plan\** for each program's implementation
- Maintain regular communication with the Regional Community Service Liaison & the National Community Service Committee

**FISCAL DUTIES:** While National Service Protocol programs are generally funded by the local chapter, the National Community Service Committee has established a grant program to provide assistance to our chapters. Applications can be downloaded from [snma.org](http://snma.org). ***The deadline to receive applications for the Fall cycle is December 15th, March 15th for the Spring Cycle.***

*\*See Appendix*

# A WORD ON CULTURAL COMPETENCY

## WHAT IS CULTURAL COMPETENCY?

Of cultural competency, the Office of Minority Health (U.S. Department of Health & Human Services) says, “Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. “Culture” refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. “Competence” implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities (Adapted from Cross, 1989)”.

## HOW DOES CULTURAL COMPETENCE DIFFER FROM CULTURAL AWARENESS?

- **Cultural Knowledge** is familiarization with selected cultural characteristics, history, values, belief systems, and behaviors of the members of another ethnic group (Adams, 1995).
- **Cultural Awareness** is developing sensitivity and understanding of another ethnic group. This usually involves internal changes in terms of attitudes and values. Cultural awareness must be supplemented with cultural knowledge (Adams, 1995).
- **Cultural Sensitivity** knows that cultural differences as well as similarities exist, without assigning values, i.e., better or worse, right or wrong, to those cultural differences (National Maternal and Child Health Center on Cultural Competency, 1997).
- **Cultural Competence** in health refers to being aware of cultural differences among diverse racial, ethnic, and other minority groups, respecting those differences, and taking steps to apply that knowledge to professional practice.

**WHY IS THIS IMPORTANT?** Cultural competency is one the main ingredients in closing the disparities gap in health care. It’s the way patients and doctors can come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it. Health care services that are respectful of and responsive to the health beliefs, practices and cultural & linguistic needs of diverse patients can help bring about positive health outcomes.

**WHAT ARE THE COMPONENTS OF CULTURAL COMPETENCE?** *The Process of Cultural Competency in the Delivery of Healthcare Services*, a practice model developed by Josepha Campinha-Bacote, PhD, identifies 5 central constructs: Desire, Knowledge, Awareness, Skill and Humility, with desire being the key construct.

- **Desire:** The motivation of the healthcare provider to "want" to engage in the process of cultural competence. Characteristics of compassion, authenticity,

- humility, openness, availability, and flexibility.
- **Knowledge:** Obtaining a sound educational foundation concerning the various worldviews of different cultures.
  - **Awareness:** Self-examination of one's own prejudices and biases toward other cultures. An in-depth exploration of one's own cultural/ethnic background.
  - **Skill:** The ability to collect culturally relevant data regarding the client's health history and presenting problem. Ability to conduct culturally based physical assessments. Conducting these assessments in a culturally sensitive manner.
  - **Humility:** A lifelong commitment to self-evaluation and self-critique. Developing mutually beneficial partnerships with communities on behalf of individuals and defined populations. The journey towards cultural competence is a dynamic process that is based on understanding culture. So the question becomes.

**WHAT IS CULTURE?** While no absolute definition of “culture” exists, it can be described as an innate but learned, cumulative, dynamic perspective of the world shared by a group of people. Its primary components are Values & Beliefs, Behaviors and Language. It is important to keep these components in mind as you first examine your own culture and later strive to understand different cultures.

### **Values & Beliefs**

Values are ideas of right & wrong while beliefs are a view of reality shared by a group. Key components of values & beliefs that affect health care delivery are Health Beliefs & Religion. These constructs may be mutually exclusive in one culture while inextricably linked in another.

**Health Beliefs:** Health beliefs seek to create a context of meaning surrounding health, illness & disease. While the germ theory of disease- that microscopic organisms, such as bacteria & viruses, are the cause of many diseases is nearly universal accepted in the U.S., other cultures may subscribe to a different theory. Personalistic theories of illness contend that illness is caused by the intervention of a sensate agent who may be a supernatural being (a deity or dead ancestor) or a human being with special powers (a witch or a sorcerer). The sick person's illness is considered to be a direct result of the malign influence of these agents in retaliation for a transgression of moral and spiritual nature. Naturalistic theories of disease tend to view health as a state of harmony between a human being and the environment. Illness results when the balance is upset. Vitalist theories are based on the idea that when vital forces within the body flow in a harmonious pattern, a positive state of health is maintained. Illness results when this smooth flow of energy is disrupted.

Health beliefs have a very real impact on medical care and treatment. While a person who subscribes to the germ theory may seek an antibiotic for his illness,

recovery from an illness arising from personality causes usually involves the use of ritual and symbolism- most often by practitioners who are specially trained in these arts, illness due to naturalistic causes may be treated with vast pharmacopoeia of preparations made from herbs & minerals and dietary advice and therapeutic measures for disruptions in vital force are aimed at restoring a normal flow of energy in the body. As future physicians, we must be prepared to elicit and manage health beliefs.

**Religion:** Religion refers to a specific set of beliefs & practices regarding the spiritual realm beyond the visible world. As future physicians, general knowledge of various religious practices & customs is useful. However, general respect for one's belief system lies at the core of cultural competency. Medical decisions and spiritual/religious beliefs are often not exclusive of each other and may conflict. It is vital to remember that the ultimate decision of treatment is a patient's right and must be respected. Respect will create an open & honest physician-patient relationship.

### **Behaviors**

Behaviors are observed patterns of actions that are acceptable when they fall within the cultural norms- the range of permissible behavior established by the group. The key components of behavior that affects health care delivery are Family Relationships.

**Family Relationships:** The family is the primary unit of society in which children learn acceptable social behaviors & roles and parents impart cultural attitudes, beliefs, behaviors & values. It is paramount for physicians to understand the structure & role of family in health care. For some, the cultural expectation is that family members will address health concerns autonomously; while for others, decisions are made as a family. Understanding the role of family and working within its dynamic will facilitate more successful clinical encounters. Health care providers must also respect each family unit as presented.

### **Language**

Language represents the verbal and non-verbal patterns of communication that are common to a group of people. Health care professionals and managers must have a basic understanding of the impact of language on health care delivery in order to efficiently organize services that meet the needs of both the institution and a diverse patient population. Limited English proficiency (LEP) is a barrier to linguistic competence while lack of awareness of social customs of communication may hinder the physician-patient relationship.

**Limited English Proficiency:** Even though most health care providers want to offer them the same attention and concern as to any other patient, LEP patients encounter obstacles at every turn. They may delay making an appointment because of the difficulty communicating over the telephone. Misunderstandings about the time, date, and location of appointments are more likely to occur if the patient does

not understand English. Even when patients arrive at the facility on time, they may be late for appointments because of difficulty communicating with registration staff. Furthermore, the medical interview and examination present unlimited possibilities for confusion and potential serious misunderstanding can occur since complete and accurate medical history is crucial to an accurate diagnosis. Sophisticated technology and diagnostic procedures are not substitutes for clear patient-provider communication. Even when tests are necessary, if patients are not given instructions in a language they can understand, they may not be adequately prepared physically or psychologically. Likewise, if patients are to comply with a treatment plan, they must have a clear understanding of what is required of them. It is our responsibility to find a way to effectively communicate with all patients.

**Social Customs of Communication:** While verbal communication may present a problem particularly in the case of regional word choice or colloquialisms, non-verbal communication is more frequently the source of misunderstandings. Non-verbal communication includes bodily proximity, gestures, facial expressions, eye contact, touching and body position. While they are too numerous a few examples include:

- Posture: Hands in your pocket is disrespectful in Turkey; Sitting with legs crossed is considered offensive in Ghana; showing the soles of your feet is considered offensive in Thailand.
- Facial Expressions: Many Asian cultures suppress facial expression as much as possible while many Mediterranean cultures exaggerate grief or sadness and most American men hide grief or sorrow. Some see “animated” expressions as a sign of a lack of control while too much smiling is viewed in as a sign of shallowness.
- Touch: Indians don’t typically don’t touch with the left hand as to do so may be considered a social insult. Islamic cultures generally don’t approve of any touching between genders. Cultures with high emotional restraint concepts generally have little public touch while those, which encourage emotion, accept frequent touches.

It is impractical to attempt to learn all the social customs of communication. As future physicians, it is vital to be alert to cues that a communication may be present and subsequently seek to address it. Effective communication requires awareness of verbal & non-verbal communication and identification of the best way to share information with the patient.

# PLANNING A MEMBER TRAINING SESSION

The aim of the Member Training Session is to orient local chapter members to the **goals** of the national service protocols, educate them about the **communities served** by the protocol programs and to familiarize them with **various activities** available to local chapters to implement the protocols. The *Intro to SNMA National Service Protocols* PowerPoint presentation is a resource produced by the National Community Service Committee for the benefit of the local chapters. The following is a sample training session agenda. Chapters should tailor the session to meet the needs of your local chapter.

- Icebreaker (Most useful during the initial training session)
- Goals of the Protocol
- Background
  - Clinical & epidemiologic knowledge pertinent to the protocol
  - Community/group demographics & characteristics
- Working with the Community
  - Maintain a perspective free of prejudice, preconception, bias & judgment.
  - Do not alienate members of your audience by including personal opinions, values, attitudes or beliefs.
  - Avoid using “one size fits all” labels to describe people.
- Mock session
  - Provides members with the opportunity to practice performing the activity planned for the protocol, be it explaining the need for organ donation or how to properly wear a condom.
  - This will prevent unnecessary & avoidable mishaps when implementing the program and allow for correction of any mistakes.
- Logistics
  - Communicate the details of when & where the activity is to occur.
  - Make sure that you have contact information for each volunteer.

# 10 STEPS TO IMPLEMENTING A SUCCESSFUL PROGRAM

1. Identify which protocol you will implement in the community.
2. Determine whether your program will be a one-time event or a series of programs.
3. Meet with your local chapter to plan the protocol program, including where, when and what activity you will use.
4. Identify participants for your program. Local schools, after school programs, community centers, YMCA/YWCA, the Boys & Girls Club, churches and low-income housing communities are good places to start.
5. Solicit volunteers early.
6. Determine what materials you will need and create a budget.
7. Apply for the National Community Service Grant and/or your region's Community Service Grant.  
**National Grant Deadlines:** Dec 15<sup>th</sup> (Fall), March 15<sup>th</sup> (Spring)
8. Implement your program! Consider giving Certificates of Participation to those who participate, especially if your chapter organizes a multi-session program.
9. Evaluate your program's success. Consider submitting your program to the National Community Service Committee (communityservice@snma.org) for inclusion in future editions of the Community Service Protocol Handbook.
10. Be sure to add your program to the Chapter Report Form.

# SNMA NATIONAL SERVICE PROTOCOLS

# NATIONAL SERVICE PROTOCOL CALENDAR

AUGUST	PIPELINE PROGRAMS PREVIEW
SEPTEMBER	TODER
OCTOBER	OBESITY PREVENTION
NOVEMBER	SMOKING CESSATION & PREVENTION
DECEMBER	SEXUAL HEALTH AWARENESS & LGBT HEALTH
JANUARY	T.A.P. Into Mental Health
FEBRUARY	PIPELINE
MARCH	VIOLENCE PREVENTION
APRIL	HEALTHY <i>PEOPLE</i> HEALTH FAIRS

## *Important Dates to Remember*

*October 16<sup>th</sup> – 20<sup>th</sup>: National Health Education Week*

*Nov 16<sup>th</sup>: American Cancer Society's Great American Smokeout*

*Dec. 1<sup>st</sup>: World Aids Day 2017*

*April 2018: National Minority Health Awareness Month*

*Local SNMA chapters are not limited to the schedule of the protocol calendar. Chapters are encouraged to follow a pattern of programming that best fits their resources and community needs.*

# PIPELINE PROGRAMS PREVIEW

## PURPOSE:

- SNMA chapters are encouraged to plan & host Pipeline programs throughout the year. August & February serve as opportune times for chapters to develop new programs & reflect on existing pipeline efforts in their communities.

## WHY IS THIS IMPORTANT?

“The United States needs more doctors, and our nation’s medical schools are looking for talented, committed, and caring individuals who want to make a difference. The need for more African American, Latino/a, and Native American doctors is especially important. Today, while these groups make up 25 percent of the population, they account for only 12 percent of U.S. medical school graduates.”

-Association of American Medical Colleges (AAMC)

## WHAT CAN OUR CHAPTERS DO?

SNMA is committed to increasing “the number of clinically excellent, culturally competent and socially conscious physicians”. In harmony with our mission, we encourage local chapters to develop YSEP, HPREP & PMED programs to provide mentoring, education & guidance to the community’s minority students.

- **Youth Science Enrichment Program (YSEP) Purpose:** Stimulate interest in health & science among elementary & junior high school students.
- **Health Professions Recruitment & Exposure Program (HPREP) Purpose:** Expose high school students to activities related to science while introducing them to careers in the health professions.
- **Pre-Medical Minority Enrichment & Development (PMED) Purpose (Prior MAPS Protocol):** Provide mentorship to undergraduate & post-baccalaureate students who want to attend medical school.
- **Brotherhood Alliance for Service Education (BASE) Purpose:** Unite underrepresented minority males and foster a sense of brotherhood through mentorship, encouragement, motivation, recruitment, admission and retention in higher education.

\*For more information about the Pipeline Programs (YSEP, HPREP, PMED, BASE) please see the Pipeline Mentoring Institute Handbook, which can be accessed via the SNMA website or by contacting [pmi@snma.org](mailto:pmi@snma.org)

SNMA chapters are encouraged to partner with local youth organizations, schools, community colleges, undergraduate institutions and post-baccalaureate programs to develop Pipeline programs. More information pertaining to these programs and their development can be found in the *SNMA Pipeline Programs Manual*, which can be requested from your regional Community Service Liaison or [pipeline@snma.org](mailto:pipeline@snma.org).

- **Be sure to apply for an SNMA National Community Service Grant to help**

**support your Pipeline programs.**

- **Participate in the SNMA Pipeline Mentoring Institute (PMI) by establishing a Pipeline Academy in your community.** Recognizing that many of the barriers to greater diversity within the medical profession lie within the elementary school to undergraduate education continuum, the PMI seeks to better prepare minority students for a career in the health professions through sessions on general study skills, standardized test taking skills, science preparation and age-appropriate cultural competency training.

## **ONLINE RESOURCES**

Aspiring Docs (An AAMC Campaign to Increase Diversity in Medicine)  
[www.aspiringdocs.org](http://www.aspiringdocs.org)

Boys Scouts of America / Girl Scouts of America  
[www.scouting.org](http://www.scouting.org) / [www.girlscouts.org](http://www.girlscouts.org)

Boys & Girls Clubs of America  
[www.bgca.org](http://www.bgca.org)

Hip Hop 4 Life  
[www.hiphop4lifeonline.com](http://www.hiphop4lifeonline.com)

YMCA / YWCA  
[www.ymca.net](http://www.ymca.net) / [www.ywca.org](http://www.ywca.org)

SNMA Pipeline Mentoring Institute  
[www.snma.org](http://www.snma.org) (Under programs -> Pipeline Mentoring Institute)

## TODER: TISSUE ORGAN DONATION, EDUCATION & RECRUITMENT



### PURPOSE:

- Educate minorities about the importance of tissue & organ donation and encourage them to register as a tissue/organ donor.
- Dispel myths surrounding tissue & organ donation and minorities.
- Increase the number of minorities registered with the Be The Match® National Bone Marrow Registry.
- Alert communities to the vital importance of cord blood donation.

### WHY IS THIS IMPORTANT?

- **Tissue & Organ Donation**

“More than half of the national transplant list is made up of multicultural populations... Although it is possible for a candidate to match a donor from another racial or ethnic group, transplant success rates increase when organs are matched between members of the same ethnic background. Consequently, a lack of organs donated by multicultural populations can contribute to longer waiting periods for transplantation.”

-Donate Life America

- **Bone Marrow Donation**

“African Americans are facing a big challenge. Many African Americans fighting diseases like sickle cell anemia, leukemia & lymphoma can’t find marrow donors. The tissue types used for matching patients with donors are inherited, so patients are more likely to find a match within their own racial or ethnic heritage. There are 10.5 million people on the Be The Match registry but only 720,000 - or 7% - are African American. More people of African American descent are urgently needed on the marrow registry so that more lives can be saved.”

-National Marrow Donor Program

- **Cord Blood Donation**

“Like bone marrow, cord blood is rich in the blood-forming cells that can be used in transplants for patients with leukemia, lymphoma and many other life-threatening diseases...With more than 100,000 umbilical cord blood units on the Be The Match Registry, many patients can find a suitable match. However, the search can be more challenging for patients from diverse racial and ethnic backgrounds. Adding more cord blood units from diverse racial

and ethnic backgrounds to the registry increases the likelihood that **all** patients will find a match.”

-National Marrow Donor Program

### WHAT CAN OUR CHAPTERS DO?

- **Participate in the National SNMA/National Marrow Donor Program (NMDP) Donor Registration Drive.** During the weeks selected by SNMA & the NMDP, encourage peers, administrators, family, friends & community members to join the Be The Match® registry online.
- **Host a Be The Match® Donor Registry Drive at your institution.** Collaborate with your local Be The Match® Registry recruitment center to host an organ donation education & recruitment event. Find your nearest center at marrow.org, “Join the Registry” -> “Join in Person” -> “Recruitment Centers”. Encourage students, faculty & staff to stop in for a quick cheek swab that could save a life.
- **Organize a community education session.** Partner with a local organ procurements organization to educate the community about organ donation, dispel myths surrounding organ donation and answer questions. Find your local procurement center at optn.transplant.hrsa.gov, “Member Directory”, -> “Organ Procurement Organizations”. Consider inviting local minority transplant recipients and/or transplant surgeons. Videos that can be used during the session include:
  - “Marrow donors tell it like it is” & “If You Are a Match”, among others, on the “bethematch” YouTube channel
  - National Minority Organ Tissue Transplant Education Program (MOTTEP): YouTube search “National Business Series MOTTEP”
- **Partner with the local American Red Cross chapter to host a blood drive.**
- **Organize a cord blood donation media awareness campaign at your local hospital, OB/GYN clinic or local health department.** Educate expectant mothers on umbilical cord blood donation- the benefits, the process, etc. Contact your local cord blood donation center for more information and resources. Find your nearest bank at marrow.org, “Get Involved”-> “Donate Cord Blood” -> “How to Donate” -> “Where to Donate”.
- **Show younger students how to become an organ donor through Facebook.** ([www.facebook.com/help/organ-donation](http://www.facebook.com/help/organ-donation))

## ONLINE RESOURCES

Be The Match® Registry / Cord Blood Donation  
[www.marrows.org](http://www.marrows.org)

American Red Cross  
[www.redcross.org](http://www.redcross.org)

National Minority Organ Tissue Transplant Education Program  
[www.mottep.org](http://www.mottep.org)

Organ Procurement and Transplantation Network (OPTN)  
[www.optn.transplant.hrsa.gov](http://www.optn.transplant.hrsa.gov)

OrganDonor.Gov  
[www.organdonor.gov](http://www.organdonor.gov)

# HEALTH & WELLNESS PROGRAMS: OBESITY PREVENTION

## PURPOSE:

- Educate minorities about the importance of health & wellness.
- Generate community programs that promote healthy eating, healthy weight, physical activity & exercise, heart disease prevention, diabetes prevention, vaccines & immunizations and preventive cancer screenings.

## WHY IS THIS IMPORTANT?

“Good nutrition, regular physical activity, and stress management significantly contribute to achieving optimal health...We must help our communities make the important and life-saving connection between being healthy, fit and living well.

*-The Surgeon General’s Vision for a Fit & Healthy Nation*

Minorities continue to experience a disproportionate burden of preventable disease, death, and disability compared with non-minorities. Among the 10 leading causes of death among African Americans are heart disease (#1), cancer (#2), stroke (#3), diabetes (#4), kidney disease (#6).

## WHAT CAN OUR CHAPTERS DO?

- **Host a *VERB* Campaign event for local tweens.** *VERB* is a CDC campaign designed to encourage youth to lead healthy lifestyles by increasing and maintaining physical activity. Activities include Yellowball, Make It Up, Crossover and Play Without Borders. Program materials can be accessed at [cdc.gov/youthcampaign](http://cdc.gov/youthcampaign), “Material for Tweens”.
- **Organize a “Healthy Cooking” class at a local church or community center.** Good meals are a shared pleasure at the heart of African American family life and special celebrations. *Heart Healthy Home Cooking African American Style* is a recipe book, developed by National Heart, Lung & Blood Institute that brings together many African American favorite recipes, prepared in a heart healthy way, lower in saturated fat, cholesterol, and sodium! Use your favorite search engine to look for this title.
- **Promote preventive cancer screenings in your community.** With preventive screenings, the number of new cancer cases can be reduced and many cancer- related deaths can be prevented. Screening for cervical and colorectal cancers helps prevent these diseases by finding precancerous lesions at an early, often highly treatable stage. Post or distribute information at community hot-spots. Brochures, fact sheets & posters can be found at [cdc.gov/cancer](http://cdc.gov/cancer), “Publications”.

- **Host a Health & Wellness workshop in your local community.** Use the following resources to bring diabetes prevention, physical activity and healthy eating programs to your community.
  - *The Road to Health Toolkit, Power to Prevent: A Family Lifestyle Approach to Diabetes Prevention, and The Power to Control Diabetes is in Your Hands* are publications available from the National Diabetes Education Program at [ndep.nih.gov](http://ndep.nih.gov), “Publications”. The website is an excellent source of information, tip sheets and print materials.
  - *We Can!®* is a national childhood obesity prevention program. *The We Can! Energize Our Community: Toolkit for Action, Media Smart Youth: Eat, Think & Be Active®*, *CATCH Kids Club & S.M.A.R.T (Student Media Awareness to Reduce Television)* curricula are available at [nhlbi.nih.gov](http://nhlbi.nih.gov), “Educational Campaigns”, “We Can!”.
  - *Sisters Together: Move More, Eat Better* is a national initiative of the Weight-control Information Network (WIN) designed to encourage Black women 18 and over to maintain a healthy weight by becoming more physically active and eating healthier foods. The program guide is available at [win.niddk.nih.gov](http://win.niddk.nih.gov), “Sisters Together”.
  - *Let’s Move* is a nationwide initiative to promote making healthy choices, improving food quality in schools, increasing access to healthy, affordable food and increasing physical activity. To support the initiative, visit [letsmove.org](http://letsmove.org), “Take Action”, “Community Leaders”.
  - *Eat Smart. Play Hard.* The Campaign encourages and teaches children, parents, and caregivers to eat healthy and be physically active every day. *Eat Smart. Play Hard* offers resources and tools to convey and reinforce healthy eating and lifestyle behaviors that are consistent with the Dietary Guidelines for Americans and the MyPyramid Food Guidance System. Campaign resources are available at [fns.usda.gov/fns](http://fns.usda.gov/fns), “Programs & Services”, “Eat Smart. Play Hard”.
  
- **Host a *Ready, Set, FIT!* program a local elementary school.** *Ready, Set, FIT!* is a school-based program, developed by the American Academy of Physicians & Scholastic, that teaches 3rd and 4th graders to be active, eat smart and feel good. Collaborate with your school’s Family Medicine Interest Group to host the program. A presenter’s guide can be found at [readyssetfit.org](http://readyssetfit.org).
  
- **Organize a *Get Covered. Get in the Game.* event.** Medicaid and the Children’s Health Insurance Program serve families who are not able to afford health insurance coverage in the private market or do not have coverage available to them. *Get Covered. Get in the Game* supports *Connecting Kids to Coverage*, which calls on government and community leaders, the faith community, and others to help enroll the nearly five million kids who are eligible for CHIP or Medicaid but remain uninsured. Partner with your local health department, a community center or youth organization. Campaign materials can be found at [insurekidsnow.gov](http://insurekidsnow.gov).

## ONLINE RESOURCES

CDC Healthy Living  
[www.cdc.gov/healthyliving](http://www.cdc.gov/healthyliving)

CDC Division of Nutrition, Physical Activity & Obesity  
[www.cdc.gov/nccdphp/dnpao](http://www.cdc.gov/nccdphp/dnpao)

CDC Division for Heart Disease & Stroke Prevention  
[www.cdc.gov/dhdsp/](http://www.cdc.gov/dhdsp/)

**WISEWOMAN – Well-Integrated Screening and Evaluation for Women Across the Nation**  
[www.cdc.gov/wisewoman](http://www.cdc.gov/wisewoman)

Smart Nutrition 101  
[www.nutrition.gov](http://www.nutrition.gov)

National Diabetes Education Program  
[www.ndep.nih.gov](http://www.ndep.nih.gov)

Weight-control Information Network  
[www.win.niddk.nih.gov](http://www.win.niddk.nih.gov)

Surgeon General's Vision for a Healthy & Fit Nation  
[www.surgeongeneral.gov/library/obesityvision](http://www.surgeongeneral.gov/library/obesityvision)

# SMOKING PREVENTION & CESSATION

## PURPOSE:

- Educate youths & adults about the deadly effects of smoking to keep kids tobacco-free and help current smokers overcome the addiction.

## WHY IS THIS IMPORTANT?

Cigarette smoking is the leading cause of death in the U.S. and is responsible for 1 in 5 deaths annually. About 44 million adults in the U.S. smoke with about 1000 young people joining the ranks every day. When asked in 2009, 19.5% of high school students and 5.2% of middle school students smoked one or more cigarettes in the previous month. In recent years, an increasing number of US high school students in some subgroups have reported using smokeless tobacco products in recent years.

Youth from disadvantaged backgrounds, including those who live in homes with low socioeconomic status, those with low self-image, self-esteem, academic achievement, and/or lack of parental involvement, are at greater risk of using tobacco when compared to the general population of American youth. Smoking is the single worst deterrent to health – its effects impact nearly every organ in the body and it causes cancer, heart disease and lung disease, most frequently. With these factors in mind, it is clear that smoking prevention is critical to the mission and goals of the SNMA.

## WHAT CAN OUR CHAPTERS DO?

- **Co-host a Tar Wars program with your school's Family Medicine Interest Group (FMIG) or a local American Academy of Family Physicians (AAFP) chapter at a local elementary school.** Tar Wars is a tobacco-free education program for 4th & 5th graders created by the American Academy of Family Physicians. Contact your school's FMIG chapter president and/or local AAFP chapter and collaborate in their Tar Wars efforts. The National Community Service Committee has collaborated with the SNMA Health Policy & Legislative Affairs Committee to encourage chapters to participate in this initiative. Contact us for more information or visit [www.tarwars.org](http://www.tarwars.org)
- **Host a Great American Smokeout (GAS) event at your institution, at a local school or in the local community.** GAS is held on the 3rd Thursday of each November. Encourage smokers to use the date to make a plan to quit. Set up a table at a local community center, library, grocery store, etc. and hand out information about the consequences of smoking and how to quit. More information can be found on [www.cancer.org/smokeout](http://www.cancer.org/smokeout).

- **Host a screening of anti-smoking videos at local junior high & high schools.** Videos can be ordered, free of charge, from the CDC by using the Publications Catalog at [cdc.gov/publications](http://cdc.gov/publications), “Smoking & Tobacco Use. Search for the titles below.
  - *I Can’t Breathe*: Designed for 11-14 year olds. A 20 minute video accompanied by a moderator’s guide that tells the story of Pam Laffin, a 31 year old mother of two who died of emphysema. She tells the story of why she started smoking & what it was like to learn she had a disease for which there is no cure.
  - *Smoke Screeners*: Designed for 11-14 year olds. A video accompanied by a moderator’s guide that invites young people to become critical movie & TV viewers.
  - *Scene Smoking*: Designed for high school & college students. An hour long video accompanied by a teacher’s guide that brings together some of Hollywood’s most powerful voices in a discussion about smoking, cinema and the myth of cool.
  
- **Host a “Create an anti-tobacco PSA” contest for local high school students.** Recruit local teachers & doctors to vote for the best public service announcement. Solicit prizes from local businesses & companies.

## ONLINE RESOURCES

Tar Wars

[www.tarwars.org](http://www.tarwars.org)

American Lung Association

[www.lung.org](http://www.lung.org)

American Public Health Association Tobacco Control and Prevention

[www.apha.org/programs/resources/tobacco](http://www.apha.org/programs/resources/tobacco)

CDC Smoking & Tobacco Use

[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

CDC Youth Tobacco Prevention

[www.cdc.gov/tobacco/youth](http://www.cdc.gov/tobacco/youth)

National African American Tobacco Prevention Network

[www.naatpn.org](http://www.naatpn.org)

American Legacy Foundation

[www.legacyforhealth.org](http://www.legacyforhealth.org)

Campaign for Tobacco-Free Kids

[www.tobaccofreekids.org](http://www.tobaccofreekids.org)

The truth® Campaign

[www.thetruth.com](http://www.thetruth.com)

# SEXUAL HEALTH AWARENESS

## PURPOSE:

- Promote a positive & respectful approach to sexuality & sexual relationships.
- Educate adolescents and adults about STI/STD & HIV/AIDS prevention and reproductive health.

## WHY IS THIS IMPORTANT?

The World Health Organization (WHO) defines sexual health as “the state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction and infirmity”. Sexuality is an integral part of being human. Love, affection & sexual intimacy contribute to healthy relationships and individual well-being.

In 2011, 50,007 adults and adolescents were diagnosed with HIV infection in the United States of which 46% were black/African American. In 2007, the rate of diagnosis for African American adults & adolescents was 10 times that of whites, the rate of diagnosis for black women was 22 times that of white women and African American men and women accounted for more than half of the estimated number of new HIV/AIDS diagnoses.

## WHAT CAN OUR CHAPTERS DO?

- **Host an International Condom Day event.** Hand out condoms at your institution, a local community center or a local high school (with permission) with factoids about safe sex and STI/STD & HIV/AIDS prevention attached.
- **Host an HIV Testing Day.** Partner with a local testing site that offers free HIV tests to organize the event. Site addresses can be found at [hivtest.org](http://hivtest.org).
- **Include sexual health awareness programming in your Pipeline programs.**
- **Present “Sexual Health & Self-Esteem” at a local junior high or high school.** This presentation was created by two members of the SNMA Board of Directors and can be requested from the National Community Service Committee ([communityservice@snma.org](mailto:communityservice@snma.org)).
- **Host a “Guys Only/Girls Only” session with neighborhood teens.** The session may include information about puberty, healthy relationships, sexual health, safe sex, contraception and STI/STD & HIV/AIDS prevention. Lesson plan links are included in the resources below.

## **ONLINE RESOURCES**

CDC Sexual Health  
[www.cdc.gov/sexualhealth](http://www.cdc.gov/sexualhealth)

CDC HIV/AIDS and African Americans  
[www.cdc.gov/hiv/topics/aa](http://www.cdc.gov/hiv/topics/aa)

Advocates for Youth: Lesson Plans  
[www.advocatesforyouth.org/lessonplans/index.htm](http://www.advocatesforyouth.org/lessonplans/index.htm)

Teens Health: Sexual Health  
[www.kidshealth.org/teen/sexual\\_health](http://www.kidshealth.org/teen/sexual_health)

Girls Inc.: Fact Sheets & Resource Sheets  
[www.girlsinc.org/resources](http://www.girlsinc.org/resources)

AVERTing HIV & AIDS  
[www.avert.org](http://www.avert.org)

The Sexual Health Network  
[www.sexualhealth.com](http://www.sexualhealth.com)

# LGBT Community Health

## PURPOSE:

- Increase awareness of health-related issues affecting the lesbian, gay, bisexual, transgender (LGBT) community
- Promote the understanding of factors contributing to health disparities affecting the LGBT community
- Encourage the development of culturally competent physicians

## WHY IS THIS IMPORTANT?

“People who are lesbian, gay, bisexual, or transgender (LGBT) are members of every community. They are diverse, come from all walks of life, and include people of all races and ethnicities, all ages, all socioeconomic statuses, and from all parts of the United States. The perspectives and needs of LGBT people should be routinely considered in public health efforts to improve the overall health of every person and eliminate health disparities.

In addition to considering the needs of LGBT people in programs designed to improve the health of entire communities, there is also a need for culturally competent medical care and prevention services that are specific to this population. Social inequality is often associated with poorer health status, and sexual orientation has been associated with multiple health threats. Members of the LGBT community are at increased risk for a number of health threats when compared to their heterosexual peers. Differences in sexual behavior account for some of these disparities, but others are associated with social and structural inequities, such as the stigma and discrimination that LGBT populations experience.”

-CDC

*Efforts to improve LGBT health include:*

- Curbing human immunodeficiency virus (HIV)/sexually transmitted diseases (STDs) with interventions that works.
- Implementing anti-bullying policies in schools.
- Providing supportive social services to reduce suicide and homelessness risk among youth.
- Appropriately inquiring about and being supportive of a patient’s sexual orientation to enhance the patient-provider interaction and regular use of care.
- Providing medical students with access to LGBT patients to increase provision of culturally competent care.

-HealthyPeople.gov

## WHAT CAN CHAPTERS DO?

- **Host interactive and educational workshops on topics that encourage competency and awareness of issues affecting the LGBT community.** Workshop ideas could include:

- *Inclusive terminology:* Avoiding a language bias- Every health professional should be familiar with terms used in the LGBT community to help patients feel comfortable and build an encouraging environment.
  - *Sexual violence with and towards the LGBT community*
  - *Transgender Awareness-* As healthcare professionals, it is important to be comfortable and knowledgeable about transgender identity to be comfortable and ready to provide the best care for any patient who comes to our office. Consider bringing in a guest lecturer/speaker or hosting an educational presentation to distribute basic information on this topic and encourage discussion.
- **Host documentary viewing.** There are several films, clips, and videos available that document health-related topics faced by the LBGT community in terms of accessing care, battling disease, and the health effects of being a marginalized group. Please see the resources sections for video links and consider hosting a viewing/discussion to encourage awareness and understanding of these issues.
  - **Walk in the local Pride parade**
  - **Volunteer or donate to a clinic that provides services to members of the LGBT community**

## ONLINE RESOURCES

Great website resources with event suggestions, supplies, and resources for LGBT awareness programs for medical students

[http://www.amsa.org/AMSA/Homepage/About/Committees/GenderandSexuality/LGBT\\_PIB.aspx](http://www.amsa.org/AMSA/Homepage/About/Committees/GenderandSexuality/LGBT_PIB.aspx)

CDC; Lesbian, Gay, Bisexual and Transgender Health website

<http://www.cdc.gov/lgbthealth/>

US Department of Health and Human Services; Gay, Bisexual and Transgender Health website

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>

Primary Care of LGBT Patients PowerPoint, courtesy of the American Medical Students Association

[http://www.amsa.org/AMSA/Libraries/Committee\\_Docs/LGBT\\_PrimaryCare\\_1.sflb.ashx](http://www.amsa.org/AMSA/Libraries/Committee_Docs/LGBT_PrimaryCare_1.sflb.ashx)

*Southern Comfort* Documentary, which tells the story of Robert Eads, a female-to-male transsexual who was diagnosed with ovarian cancer and turned down for treatment by physicians out of fear that treating such a patient would hurt their reputation. This film has a powerful message and can be shared with your chapter. The film is separated into 6 short videos; consider showing a clip or the entire film.

[https://www.youtube.com/watch?v=awxN\\_TecaII](https://www.youtube.com/watch?v=awxN_TecaII)

Transgender Community Health Project (TCHP) quantitative study performed by the San Francisco Department of Public Health, generating statistical data on the transgender community of San Francisco.

<http://hivinsite.ucsf.edu/InSite?page=cftg-02-02#S5.6X>

# MISSION FOR MENTAL HEALTH

## PURPOSE:

- Educate minorities about mental health.
- Address the inequalities in diagnosis & treatment of mental illnesses among minorities.
- Empower the members of SNMA & the community to fight the stigma surrounding mental illness.

## WHY IS THIS IMPORTANT?

“Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society...mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem. Mental illness is at least as prevalent among racial and ethnic minorities as in the majority white population [however] minority group members overall are less inclined than whites to seek treatment. In addition, African Americans are over-represented in high need populations that are particularly at risk for mental illnesses:

- *People who are homeless.* While representing only 12% of the U.S. population, African Americans make up about 40% of the homeless population.
- *People who are incarcerated.* Nearly half of all prisoners in State and Federal jurisdictions and almost 40% of juveniles in legal custody are African Americans.
- *Children in foster care and the child welfare system.* African American children and youth constitute about 45% of children in public foster care and more than half of all children waiting to be adopted.
- *People exposed to violence.* African Americans of all ages are more likely to be victims of serious violent crime than are non-Hispanic whites.
- In a recent study of people exposed to violence that met diagnostic criteria for post-traumatic stress disorder (PTSD), Among Vietnam War veterans, 21% of black veterans, compared to 14% of non-Hispanic white veterans, suffer from PTSD, apparently because of the greater exposure of blacks to war-zone trauma.”

– *Mental Health: A Report of the Surgeon General*

## WHAT CAN OUR CHAPTERS DO?

- **Host a screening of the video “*Documenting Our Presence: Multicultural Experiences of Mental Illness*” at your institution or in the community.** This 20-minute documentary was produced as a National Alliance on Mental Illness (NAMI) NJ Multicultural Outreach Initiative and traces the lives of the participants through a cultural lens, focusing on the onset of mental illness, the process of coping and acceptance, and finally, their journey to recovery. The video is available for purchase from NAMI NJ. If your institution doesn’t already have a copy, suggest it be added to the library collection.

- **Collaborate with a NAMI affiliate in your area to bring the “In Our Own Voice (IOOV)” presentation to your community or institution.** IOOV is a unique public education program in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. Presentations are offered free of charge and may be requested through a state or local NAMI affiliate.
- **Utilize TAP (Treatment, Awareness, and Prevention) Into Mental Health Protocol.** See next page to review the T.A.P. Into Mental Health Protocol.
- **Invite a panel of psychiatrists, psychologists & social workers to educate members of your institution about the foster care & juvenile justice systems in your area.**
- **Host a “Science of Mental Illness” workshop at a local junior high school.** *The Science of Mental Illness* is a free, six-part curriculum developed by the National Institutes of Health (NIH) that helps students gain insight into the biological basis of mental illnesses and how scientific evidence and research can help us understand its causes and lead to treatments and, ultimately, cures. Present all six parts or just one! The curriculum can be found at [science.education.nih.gov](http://science.education.nih.gov), “Middle School”.
- **Participate in a local health fair & host a booth on mental health.**
- **Present the “Reducing the Stigma of Mental Illness” lesson at a local school.** This lesson is Chapter 8 of *The Scientific Basis of Mental Disorders*, a toolkit designed for high school students by the Department of Psychiatry at the University of Arkansas for Medical Sciences. The toolkit can be accessed free of charge at [pibhs.uams.edu/toolkit](http://pibhs.uams.edu/toolkit).

# **T.A.P. (Treatment, Awareness, Prevention) INTO MENTAL HEALTH**

## **Mental Health Activities**

**Student-Based Initiatives:** Each chapter must complete five (5) student-based activities in order to fulfill the protocol. These activities should focus on the student population and/or medical community. At least one activity from each T.A.P. initiative should be completed. Here are some suggestions:

### **I. Treatment**

- Screening for depression, schizophrenia, eating disorders, and anxiety disorders on college campuses (Make sure you have instructions for follow-up and numbers for campus treatment centers)
- Partner with your school's student counseling service to conduct mental health screens for medical students and allow them to self-refer for treatment. (Forms for various screenings as well as national screening day material can be obtained through [www.mentalhealthscreening.org](http://www.mentalhealthscreening.org))

### **II. Awareness**

- Participate in walk-a-thons for specific mental illnesses (i.e., Alzheimer's)
- Write an article for your school or local paper about a specific mental illness and where to find resources on mental health
- Host a seminar that features speakers from the community or your medical school faculty on a mental health topic.
- Host a debate session that will address controversies in mental health. (treatment of children with medications, psychologists' prescribing rights, use of seclusion and restraint) Invite students and local psychiatrists to be on the panel.

### **III. Prevention**

- Invite local ministers to a forum to discuss mental health & religion/spirituality
- Lobby your local politicians to maintain and/or improve current mental health resources including area mental health centers, substance abuse centers, and other psychiatric resources
- Create an assessment form to measure stigma regarding mental health at your school. Hold a workshop to address the most common myths and to decrease stigma.
- Hold information sessions for medical students on how to manage stress as a precursor to major exams.
- Promote mental fitness by hosting a guided meditation or relaxation session during exam week.

- **Community-Based Initiatives: Each chapter must complete five (5) community based activities in order to fulfill the protocol. To maximize effectiveness, chapters may complete these as a joint activity with other chapters. At least one activity from each T.A.P. initiative should be completed.**

### **I. Treatment**

- Volunteer with a local battered women’s shelter (manning hotlines, donating clothes and toiletries, etc.)
- Volunteer with a rape crisis shelter
- Sponsor a “Gym/Game night” and donate collected proceeds to a local mental health organization
- Volunteer at a mental health hospital or program with mentally ill patients
- Tutor and/or mentor children and adolescents with learning disabilities (i.e., dyslexia, ADHD, autism, etc.)
- Work with the homeless population to screen for mental illness and identify available resources (this can be done on the streets or at homeless shelters)

### **II. Awareness**

- Conduct a Health Fair that includes booths for various psychiatric illnesses
- Hold a small forum for local youth groups (church youth groups, Boys and Girls Clubs, etc.) about their exposure to or questions about suicide. Be sure to have local suicide hotline information if you identify someone at risk for suicide.
- Educate parent groups about the warning signs of suicide in their children
- Educate parents about eating disorders in adolescent females (predominantly) and males
- Hold a workshop at a local church, mosque, and synagogue to discuss common misconceptions of the mental health field.
- Provide information about local faith-based treatment facilities or counseling networks.

### **III. Prevention**

- Hold a self-esteem workshop for youths at a local school
- Hold a workshop for parents to discuss violence prevention and helping your child cope with bullying
- Hold a workshop at a local school about suicide prevention.

## ONLINE RESOURCES

National Alliance on Mental Illness (NAMI) Multicultural Action Center  
[www.nami.org/multicultural](http://www.nami.org/multicultural)

Mental Health America  
[www.nmha.org](http://www.nmha.org)

*Mental Health: A Report of the Surgeon General*  
[www.surgeongeneral.gov/library/mentalhealth/home](http://www.surgeongeneral.gov/library/mentalhealth/home)

National Institute of Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**In addition to the above mentioned resources, the following resources can be used in helping the chapter fulfill the “T.A.P. into Mental Health” protocol:**

On Campus- mental health programming for use by undergraduate students

Break the Silence: A program that includes lesson plans for grades 4-12 designed to remove the stigma of mental illness which promotes tolerance, anti-bullying, and character development  
<http://www.btslessonplans.org/>

Screening for Mental Health  
<https://mentalhealthscreening.org/>

High School SOS Suicide Prevention Program  
[http://www.nais.org/Articles/Pages/SOS-\(Signs-of-Suicide\)-High-School-Suicide-Prevention-Program-144960.aspx](http://www.nais.org/Articles/Pages/SOS-(Signs-of-Suicide)-High-School-Suicide-Prevention-Program-144960.aspx)

# VIOLENCE PREVENTION

## PURPOSE:

- Stop violence before it starts by helping people of all ages acknowledge anger as a natural emotion and identify alternative means of self-expression and conflict resolution.
- Identify the many faces for violence (youth, school, community, intimate partner & sexual) and provide programming that helps break the cycle.
- Help individuals & communities develop strategies and tools to address the complex factors that underlie & contribute to violence.

## WHY IS THIS IMPORTANT?

“Violence is a serious public health problem in the United States. From infants to the elderly, it affects people in all stages of life. In 2006, more than 18,000 people were victims of homicide and more than 33,000 took their own life. The number of violent deaths tells only part of the story. Many more survive violence and are left with permanent physical and emotional scars. Violence also erodes communities by reducing productivity, decreasing property values, and disrupting social services.”

- CDC

## WHAT CAN OUR CHAPTERS DO?

- **Host a Domestic Violence Awareness Month (DVAM) event.** Consider hosting a candlelight vigil, a wish list drive for a local shelter, or a purple ribbon campaign. More event ideas, materials and a resource packet are available from the Domestic Violence Awareness Project at [www.nrcdv.org/dvam/home](http://www.nrcdv.org/dvam/home)
- **Organize a “Recognizing Domestic Violence” session for medical students at your institution.** Check with your school or local library to find out if they have any of the videos listed below- designed especially for healthcare professionals- available for your use. If your institution doesn’t currently own any of the videos, consider requesting that they be added to the library collection. The Domestic Violence Awareness Project also has a customizable, searchable list of videos that can be used to raise awareness in the community
  - Domestic Violence: How to Ask & What to Say
  - It Never Hurts to Ask. You May Save a Life.
  - Screen to End Abuse
  - Voices of Survivors

- **Host a *Choose Respect* session with local teens.** *Choose Respect* is a CDC initiative designed to help teens form healthy relationships to prevent dating violence before it starts. Engage students in one of the activities from *The Playbook* or a video discussion group after they watch the *Causing Pain* videos. *The Playbook* and the *Causing Pain* videos & discussion guide can be found at [www.cdc.gov/ViolencePrevention](http://www.cdc.gov/ViolencePrevention)
- **Organize a Town Hall Meeting to discuss violence in the community.** Partner with the local police department to host a gun buyback. Launch or promote a local crime reporting tip line. Mobilize a campaign to beautify a blighted park or local street. Consider inviting local law enforcement, politicians & community leaders to share their thoughts on how to create a safer neighborhood.
- **Start a “Stop Bullying Now (SBN)!” campaign at a local elementary or junior high school.** SBN! is a Health Resources & Services Administration (HRSA) initiative designed to stop bullying, in all its forms, among young people. Consider hosting a SBN! school assembly or encourage local school principals to include SBN! statements in morning announcements. Project details and more ideas can be found in the SBN! Activities Guide at [www.stopbullyingnow.com](http://www.stopbullyingnow.com), “Starting a Campaign”.
- **Host a “Preventing Youth Violence” session at your institution or in the community.** The American Medical Association’s *Connecting the Dots to Prevent Youth Violence: A Training and Outreach* was designed to help physicians and other discuss youth violence with professional and community groups. It includes instructions for preparing presentations, speeches about violence prevention, PowerPoint presentations & audience handouts. The guide can be accessed at [ama-assn.org](http://ama-assn.org), “Physician Resources”, “Public Health”, “Promoting Healthy Lifestyles”, “Violence Prevention”, “Youth Violence Prevention Training and Outreach Guide”.

## **ONLINE RESOURCES**

Stop Bullying Now!  
[www.stopbullyingnow.com](http://www.stopbullyingnow.com)

National Sexual Violence Resource Center  
[www.nsvrc.org](http://www.nsvrc.org)

National Crime Prevention Council (NCPC)  
[www.ncpc.org](http://www.ncpc.org)

Family Violence Prevention Fund  
[www.endabuse.org](http://www.endabuse.org)

Celebrate Safe Communities – An NCPC Program  
[www.ncpc.org/programs/celebrate-safe-communities](http://www.ncpc.org/programs/celebrate-safe-communities)

CDC Injury Prevention & Control: Violence Prevention  
[www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)

# HEALTHY PEOPLE HEALTH FAIRS

## PURPOSE:

- Empower SNMA members to play a role in improving the health of our nation and our communities in harmony with the Healthy People objectives.
- Provide information about healthy living as well as screenings for common health conditions, like high blood pressure & diabetes, to underserved communities and individuals with limited or no access to health care.

## WHY IS THIS IMPORTANT?

The United States has become increasingly diverse in the last century. According to the 2011 U.S. Census, approximately 32.4 percent of the population currently belongs to a racial or ethnic minority group yet minority communities continue to be plagued by preventable and/or treatable medical conditions – obesity, diabetes, hypertension, HIV/AIDS, etc. - most often due to a lack of access to healthcare.

## WHAT CAN OUR CHAPTERS DO?

SNMA chapters can host health fairs at a variety of venues- on campus, at a local community center, church, YMCA/YWCA or school. Health fairs provide us with the opportunity to bring healthcare to communities where it is most needed. Along with providing basic health screenings, we can also provide preventive health counseling, health & wellness education and referral to community resources. Opportunities also exist for hosting needle and gun exchanges, CPR demonstrations and other community-specific interventions.

- Ten Tips for Hosting a Successful Health Fair
  - Review the **Healthy People Health Fairs PowerPoint** presentation produced by the National Community Service Committee.
  - Start planning **early!**
  - Invite **local organizations** to host a booth at the fair.
  - Solicit participation from the local chapters of the Student National Dental Association (**SNDA**) & the Student National Pharmacy Association (**SPhA**).
  - Recruit **local fitness organizations** (gyms, Yoga & Pilates studios) to give free fitness demonstrations.
  - Contact **local businesses** to solicit donations, which can be raffled off as door prizes.
  - Organize a **Kids Corner**. Activities can include arts & crafts and face painting. Ask your local fire department to bring a fire engine and/or ambulance to the venue.
  - Provide **healthy snacks** for health fair participants.
  - Have SNMA members & other volunteers conduct **health screenings** including BMI, BP, glucose & cholesterol checks. Partner with **community physicians** to offer counseling services to patients who have abnormal results & no access to healthcare.

- **Health Fair Basic Timeline**
  - **No later than 3 Months Before**
    - Finalize a Venue, Date & Time
    - Organize Committees
    - Develop a Budget & Identify Potential Sponsors
    - Choose a Theme
  - **No later than 2 Months Before**
    - Order Materials & Supplies
    - Solicit Donation
    - Contact Partner Organizations
    - Recruit Volunteers
    - Start Advertising
  - **No later than 1 Month Before**
    - Confirm Participation of Partner Organizations
    - Conduct a Walk-through of the Venue
  - **One to Four Weeks Before**
    - Re-confirm Participation
    - Assign Volunteer Duties
    - Continue Advertising
    - Conduct a Final Walk-through
  - **Day of the Health Fair**
    - Arrive early.
    - Be ready to troubleshoot.
    - Stay calm.
    - Have FUN!
  - **After the Health Fair**
    - Send Thank You Notes
    - Process Evaluations
    - **Complete the Chapter Report Form with your community service activities**

# APPENDIX

## A. WORK PLAN INSTRUCTIONS & SAMPLE

The process of formalizing a work plan is fundamental to the implementation of any program. Your work plan should include, but not be limited to, the following:

1. Goals of the National Service Protocol
2. Two to three site-specific goals for the protocol
  - Goals and activities should be measurable and time-specific.
3. Who is responsible for each activity, action item, or logistical need
4. Contact information of all persons who will assist with the program.
5. A list of necessary supplies and/or resources
6. A timeline of volunteer training, planning meetings & program session(s).

The Work Plan should be viewed as a working document to be revised as needed.

### Sample Work Plan

**Sexual Health Awareness Goals:**

1. Promote a positive & respectful approach to sexuality & sexual relationships.
2. Educate adolescents and adults about STI/STD & HIV/AIDS prevention and reproductive health.

**Site-specific Goals:**

1. Present “Sexual Health & Self-Esteem” at Martin Luther King High School
2. Raise awareness of HIV/AIDS prevention

Community Outreach Activities	Organizer	Timeline
New Member Training	Nikki Jones	Aug, 2015
HIV/AIDS Fundraiser	Rachel Stevens	Oct. 2015
Committee Meeting	Committee	Oct. 2015
Health Fair @ YMCA	Wendy Parnell	Nov. 2015
Committee Meeting	Candace Brown	Dec. 2015
Bake Sale	Nikki Jones	Jan. 2016
International Condom Day Rally	Rachel Stevens	Feb. 2016
Presentation @ MLK	Wendy Parnell	Feb. 2016
Volunteer @ AIDS Hospice	Candace Brown	Feb. 2016

**Contact Persons:**

Dr. Jane Doe

University of SNMA Department of Medicine, [jdoe@snma.org](mailto:jdoe@snma.org), 202-555-5555

Mr. Joe Smith

Martin Luther King High School, 202-555-1111

**Supplies:**

Sexual Health & Self Esteem PPT

Condoms from local health department

## B. Community Service Program Report

*Instructions: Submit to Chapter President or Secretary to include in Quarterly Chapter Report Form submission.*

1. Name of Program: \_\_\_\_\_

2. Service Protocol (if applicable): \_\_\_\_\_

3. Program Description (Co-sponsor Org, 1<sup>st</sup> time event, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Date of Program (M/D/YY): \_\_\_\_\_

5. Time (incl. # hours): \_\_\_\_\_

6. Location of Program: \_\_\_\_\_

7. Number of Participants or Volunteers conducting the program:

Participants/Volunteers	Number
SNMA	
MAPS	
Non-SNMA	
Total	

8. Demographics of People Attending Program:

Age Group	Number
Under 10	
10-13	
14-18	
18-21	
21&up	
Elderly >65	
Total	

Race/Ethnicity	Percentage
African-American	
Asian	
Caucasian	
Hispanic	
Other	

9. Funding Source for Program: \_\_\_\_\_

10. Impact Measured: \_\_\_\_\_

# C. Check Request Form

## Student National Medical Association

**Local Chapter Name**  
**Local Chapter Address**  
**Local Chapter Address**  
**CHECK REQUEST FORM <sup>2</sup>**

Request Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
Description of Activities: \_\_\_\_\_

Activity Budget:

Food and Beverage: \$ \_\_\_\_\_

Copying/Fax: \$ \_\_\_\_\_

Phone Calls: \$ \_\_\_\_\_

Transportation/Mileage: \$ \_\_\_\_\_

Miscellaneous: \$ \_\_\_\_\_ (Please explain misc. cost)

---

Check Payable to: \_\_\_\_\_

Name  
Address  
City State Zip Code  
CHECK AUTHORIZATION BY

Amount Requested  
Account Charged  
Date Check Required  
Date

**Bank Account Charged**                      **FOR OFFICE USE ONLY**                      **Check Number**                      **Check Given to**

<sup>2</sup> This form can be used by chapters to request funding or reimbursement from chapter funds for an event. To request funding from the SNMA Community Service Committee, a separate grant needs to be submitted. Please contact your regional CSL or the National Community Service Co-chairs for this application.

# D. Parent/Guardian Authorization Form (Sample)

## PARENT/GUARDIAN PERMISSION

(Sample Letter)

(Date)

Dear Parent or Guardian:

Sexually transmitted diseases (STDs) are among the most challenging and life-threatening public health problems facing young people today. Because the rate of new sexually transmitted infections in youth and young adults continues to rise, it is important for all young people to know the facts about how to protect themselves. Research shows that having this information does not increase sexual activity among young people.

Your son or daughter has the opportunity to participate in sexual health awareness education provided by the Student National Medical Association's (SNMA) intervention and prevention education and community service program. This prevention education will be provided in \_\_\_\_\_ (number of) sessions, beginning \_\_\_\_\_ (Date). A trained instructor will lead fact based discussions on STDs including HIV and AIDS; these discussions may also include information on human sexuality, substance abuse, decision-making skills, and death and dying, as needed to meet the goals of the session.

Student National Medical Association's programs use a non-judgmental, culturally sensitive approach which helps people hear and understand lifesaving information more easily. Additionally, it allows people to decide how they wish to apply the information to their own lives within the context of their own values, attitudes, and beliefs. This fact-based educational approach should not be misinterpreted to mean that the SNMA condones illegal activity.

The session goals are to –

1. Increase participant's knowledge about sexual health.
2. Encourage participants to apply the facts to their own behavior for healthy living

Group activities will include –

*(List planned group activities here)*

- 1.
- 2.

Please sign and return the lower portion of this letter to \_\_\_\_\_  
(location) if you consent to your child's participation in SNMA sexual health education

Sincerely,

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*(Signature of instructor)*

My \_\_\_ daughter, \_\_\_ son, \_\_\_\_\_ (*name*), has my permission to participate in the Student National Medical Associations Sexual Health Community session(s) as described above.

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Parent or guardian's signature

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Date