

The Volunteer Peer Health Educator / Mentor Role


Promoting Cardiovascular Health in Communities





*A guide to training and supporting CHAP+AP
volunteers in their activities at the sessions
and in the community*


2008


Guide Overview

- **CHAP+AP sessions and volunteers**
 1. Peer Health Educator/Mentor overview
 2. What is a Peer Health Mentor?
 3. Facilitating community activities
 4. Session Flow
 5. Review of volunteer activities
 6. Data flow

- **Training**
 1. Training & support
 2. Training components
 3. Component 1: BP/Risk Factors
 4. Component 2: Session Flow
 5. Component 3: BP 'Action Plan'
 6. Component 4: Education / mentoring & community activities
 7. Training Delivery
 8. Support for Trainers

- **Volunteers as Educators**
 1. Anticipating challenges
 2. More on mentoring
 3. Strategies to support peer education

- **Addressing modifiable risk factors**
 1. Modifiable risk factors for cardiovascular disease / stroke
 2. Building on community capacity to address modifiable risk factors
 3. Learning from communities

- **Summary**

Peer Health Educators / Mentors

- CHAP model relies on volunteers trained as peer health educators (PHEs)
- CHAP+AP involves volunteers trained as peer health mentors (PHMs) to provide further support of participants seeking to address modifiable risk factors
 - Targets older adults identified as high risk
 - Longer term model
 - More time spent with each participant
- The roles are interchangeable at sessions and all volunteers are encouraged to undertake CHAP+AP training components
- Some volunteers may be particularly suited or keen to support their peers in addressing risk factors
- Some volunteers may also be willing to engage in community activities to promote healthy living, such as education sessions

What is a Peer Health Mentor?

- A Peer Health Mentor is a volunteer trained to provide additional support on addressing modifiable risk factors, to participants at sessions and in the wider community
- At the sessions, PHMs will facilitate completion of the CHAP Risk Profile and the H&S Action Plan, review Risk Profile / Action Plan results with participants, discuss priorities and strategies for addressing risk factors, and provide resources/referrals
- In the community, PHMs can engage in additional health promotion activities in partnership with existing agencies/programs
 - e.g., H&S community presentation program (CPP)
 - Partnering with health professionals (dietitians, pharmacists, etc.)
- While some volunteers will be more comfortable with these activities, training will be provided to ALL volunteers as they have a role in providing resources

Facilitating Community Activities

CHAP+AP is an opportunity to...

- Build awareness about existing programs/resources in your community to help change modifiable risk factors by:
 1. Collaborating with others to create new programs that respond to the needs of older adults
 2. **Involving older adult volunteers in delivery of community-based activities such as education sessions**
 - ❑ In partnership with existing programs or with local health professionals
 - ❑ Using materials such as the H&S Community Presentation Program modules
 3. Promoting peer-to-peer sharing of information about resources and opportunities to get involved in programs/activities



Session Flow

First visit:

1. Participant greeted, discussion of written informed consent (volunteer/coordinator)
2. BP measured and Risk Factor recording form completed (volunteer 'BP station')
3. Action Plan facilitated and printed – 2 copies (volunteer 'Action Plan' station with laptop)
4. Discussion with peer mentor: setting priorities/goals, providing targeted resources, referrals, educational materials; and completion of Mentorship Discussion form (continued discussion of Risk Profile / Action Plan results with volunteer peer mentor)
 - Participant receives copies of all forms completed at first visit (see data flow)
 - Participant receives targeted educational material, information about local resources, referrals

Repeat visits:

1. Participant greeted; previous forms retrieved (volunteer/coordinator)
2. BP measured and the top section of Risk Factor recording form completed (volunteer 'BP station')
3. Action Plan retrieved, or completed and printed (volunteer 'Action Plan' station with laptop)
4. Discussion with peer mentor: setting priorities/goals, providing targeted resources, referrals, educational materials; and completion of Mentorship Discussion form (continued discussion of Risk Profile / Action Plan results with volunteer peer mentor)
 - Participant receives copies of forms completed at repeat visit (see data flow)
 - Participant receives targeted educational material, information about local resources, referrals

PHE Activities Review

- Greet attendees, explain program & obtain informed signed consent (or retrieve materials if repeat visit)
- Assist participants to measure BP
- Record BP and other risk factor information on the Risk Profile form
- Alert nurse/pharmacist using recommendation protocol to suggest appropriate follow-up for high risk cases
- Provide targeted education materials, local resources to address modifiable risk factors
- Suggest appropriate referrals to local services, providers



Data flow

First visit: forms completed and compiled in participant file

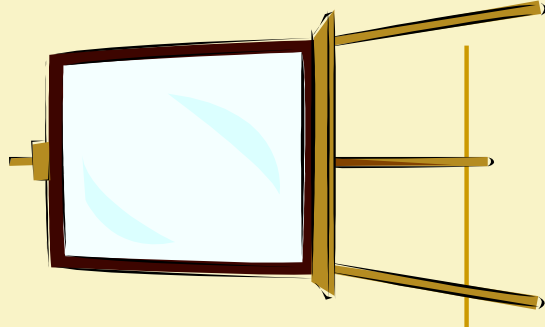
1. Information form given; consent completed **[form 1 – in duplicate]**
 2. BP measured and Risk Factor recording form completed **[form 2 – in triplicate]**
 3. Action Plan facilitated and printed **[form 3 – in duplicate]**
 4. Discussion with peer mentor: setting priorities/goals, providing targeted resources, referrals, educational materials; and completion of Mentorship Discussion form **[form 4 – in triplicate]**
 - The participant will receive copies all 4 forms
- Coordinator:
1. Review Risk Profile form (ensure complete, computer readable) and fax to Clinforma
 2. Review Consent, Discussion forms (ensure complete); mail to CHAP Office weekly with cover
 3. Keep all forms together per participant, alphabetized by Last Name

Repeat visits: forms completed and added to participant file

1. BP measured and recorded on the Risk Profile recording form **[form 2]**
 2. Mentorship Discussion form completed **[form 4]**
 3. Action Plan facilitated and printed if not yet completed **[form 3 – in duplicate]**
 - The participant will receive copies of the 2 forms
- Ensuring continuity at repeat sessions
1. File box to be available at every session (no overlapping sessions); a volunteer or the coordinator will need to pull forms at repeat visits; a 're-filing' pile can be started if it is too busy to put forms back during the sessions
 2. Participants will be encouraged to return to the same location
 3. Volunteers will be encouraged to support the same location/sessions

Training

1. Volunteer recruitment
2. Volunteer training components
 - Component 1: BP/Risk Factors
 - Component 2: Session Flow and practice
 - Component 3: BP 'Action Plan' and practice
 - Component 4: Education / mentoring & community activities
3. Refresher Boosters as required
4. Teleconference support for Coordinators, nurses



Volunteer Recruitment

- Successful delivery of CHAP+AP in communities depends on recruitment, training, and support of volunteers
- Volunteers will have different experience and interests to contribute and different training needs

Volunteer Training Components

- The CHAP+AP volunteer training is organized in components:
 1. Cardiovascular risk factors intro / brush-up
 2. Session activities (BpTRU, forms)
 3. H&S Action Plan
 4. Education / Mentoring + Community activities
- Training can be organized in 4 sessions and/or offered several times to small groups; volunteers will benefit from extra practice with forms and role playing (sessions 2, 4)
- ALL volunteers should have exposure to all 4 sessions

Component 1: Cardiovascular Risk Factors Intro / Brush-up

- Introduction or review of cardiovascular risk factors
- Modifiable and non-modifiable risk factors
- ‘Compounding’ of risk factors
- Importance of regular BP monitoring
- Lifestyle changes to address modifiable risk factors
- Introduction to ‘stages of change’
 - Promote discussion, sharing of stories
 - Why is changing lifestyle behaviours so difficult?

Component 2: Session Activities

- Session Flow & Data Flow
- Introduction / review of the BpTRU device
 - Why we are using it
 - How it works (takes 6 readings, discards 1, averages the remaining 5)
- Introduction / review of the Risk Profile form (see Appendix 8.4.1 for instructions)
 - Minor changes since C-CHAP
 - Read by computer – following instructions, legibility
 - Importance of capturing name, birthdate etc. accurately
 - Asking the risk factor questions
 - Recording recommendations / actions
- Lots of hands-on practice with both!!

Component 3: H&S Action Plan

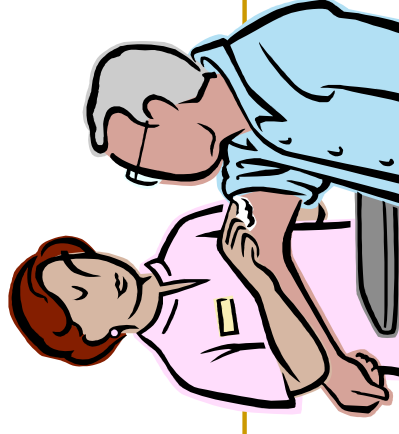
- Introduction to the online Heart and Stroke Foundation BP Action Plan
 - Why we are using it
 - Facilitating use by participants
 - Completing it individually
 - Hands-on practice and role-playing
 - Discussing the resulting 'plan' (in combination with the CHAP Risk Profile)
 - Introduction of the CHAP+AP Mentorship Discussion Form (more practice in component 4)

Component 4: Education / Mentoring + Community Activities

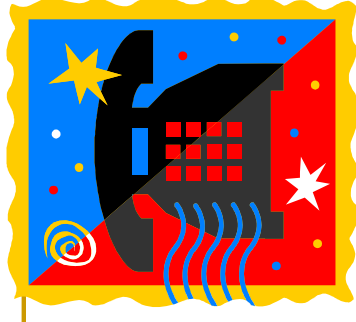
- Introduction of the CHAP+AP volunteer role
 - **Volunteers at CHAP+AP sessions**
 - Targeting 'high risk' individuals
 - (how participants are invited)
 - Moving from 'Awareness to Action'
 - Focus on helping participants to address modifiable risk factors
 - MedsCheck
 - Integration with community activities / primary care
 - Discussing priorities/progress with participants
 - Stages of change
 - Support over time, what this may look like
 - **Volunteers in the community**
 - Opportunities to participate in as co-leads sessions/activities to provide education about modifiable risk factors in the community

Training Delivery

- **‘Core’ training:** exposure to 4 components
 - Focus on hands-on practice and role-playing
- **‘Refresher’ training:** multiple opportunities for exposure to components and/or individual or small group follow-up sessions
 - Address challenges encountered at sessions or areas where volunteers don’t feel confident
 - Coordinators review operations/forms to identify challenges
 - Small group or individual review/training as needed/requested
 - Training can occur during and outside of program hours
 - Aim to identify and use particular skills of volunteers



Support for Trainers



- Teleconferences to connect Community Coordinators, Nurses with CHAP Project Manager and CHAP Team
 - ❑ Contributions from a Public Health Nurse involved in CHAP
 - ❑ Opportunity to raise issues and problem-solve as a group
 - ❑ Learning from volunteers in previous and current program

- Ongoing support from CHAP team
 - ❑ Regular contact with communities
 - ❑ New/revised materials
 - ❑ Updated Implementation Guide based on CHAP+AP

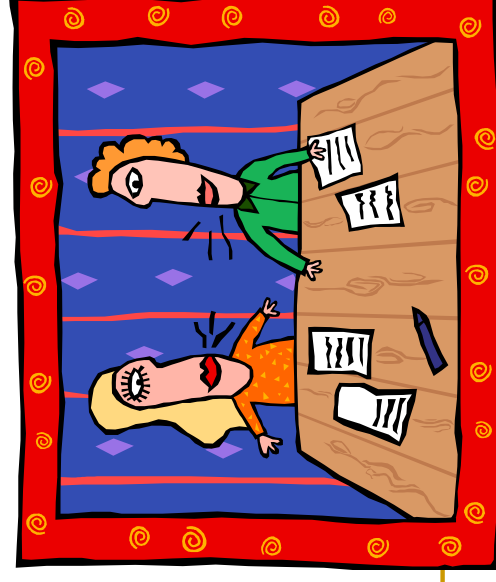
Ongoing Support for Volunteers

1. Anticipating challenges
2. More on Mentoring
3. Strategies to support peer education



Anticipating Challenges

- Session flow, data flow
- Discussing priorities, progress & providing resources:
 - Volunteer comfort level with discussing health issues
 - Identifying participant interest or readiness
 - Availability of materials, ease of access
 - Strategies to facilitate targeted provision of printed materials, resources, referrals
 - Sensitivity of issues
 - Space / Privacy
 - Time



More on Mentoring

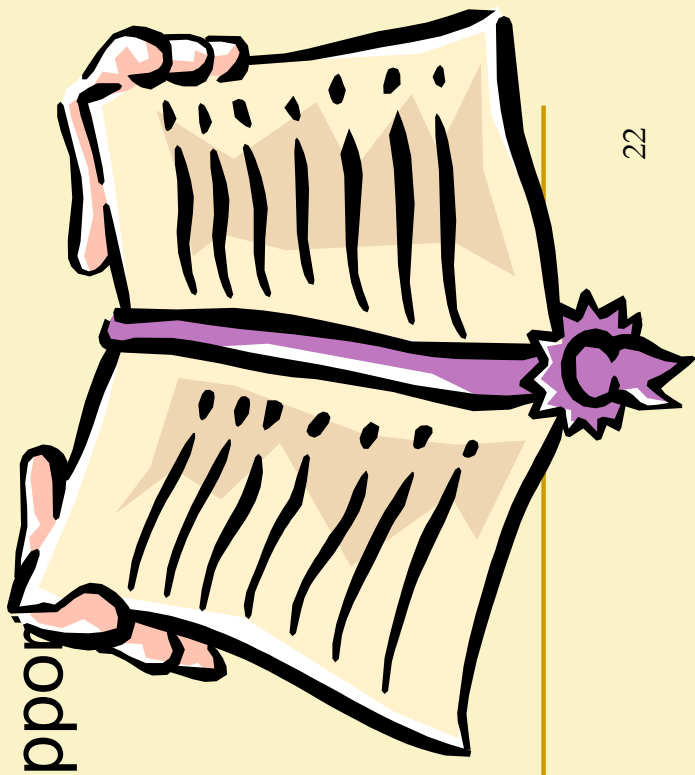
- CHAP+AP allows PHEs to focus more on the education aspect of CHAP
- Training will emphasize providing targeted health information resources, rather than advice
- Providing health information resources requires...
 - sensitivity to personal nature of risk factors
 - understanding of basic concepts about behaviour change
 - familiarity with the paper resources, information on the CHAP website, and linkages with relevant community programs/activities (new or existing)
 - comfort level with discussing risk factors, sharing experiences
 - ability to effectively refer health questions to a health professional

Strategies to Support Peer Education

- Dedicated space for volunteer access to resources
- Targeted distribution of resources based on Risk Profile
- Peer mentors trained to facilitate Action Plan and discuss priorities/progress with participants over time
 - ❑ Highlight this role for volunteers with previous related experience
 - ❑ Open to all to support their educator role
- Promoting meeting with a PHM at **every** visit to discuss modifiable risk factors/action plan
 - ❑ Likely would meet with a different PHM after BP measurement
 - ❑ Encourage return visit discussion with same PHM if possible
 - ❑ Consider adequacy of space, attention to privacy

Supporting Community Health

1. Education, awareness and action on modifiable risk factors for cardiovascular disease / stroke
2. Building community capacity to address modifiable risk factors
3. Development and testing of prevention strategies
4. Supporting peer education and support
5. Learning from communities



Modifiable Risk Factors

- A risk factor is a characteristic that increases the likelihood of suffering a health condition or event
- Non-modifiable risk factors are things we can't change, such as age, sex, family history, previous heart attack
- Modifiable risk factors are things that we CAN change, such as our weight or physical fitness
- Modifiable risk factors for cardiovascular disease and stroke include things like:
 - ❑ diet / nutrition
 - ❑ physical activity
 - ❑ weight / body mass index
 - ❑ smoking
 - ❑ stress

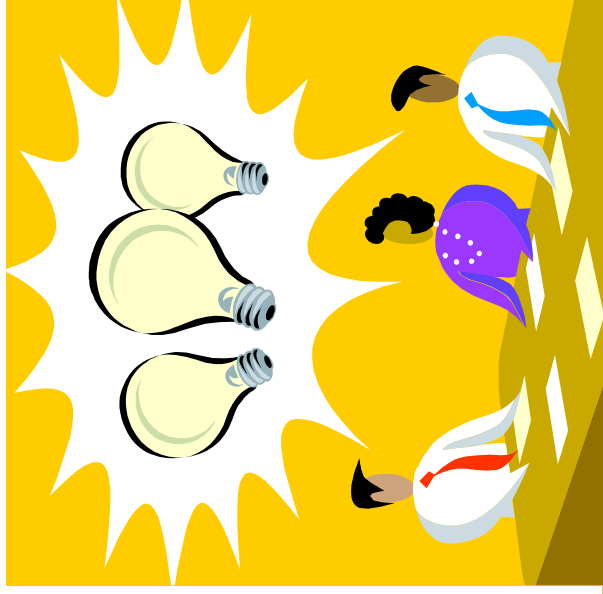
Building Community Capacity to Address Modifiable Risk Factors



- Link with existing programs to support healthy living
 - great opportunity to promote initiatives in your community so that more seniors are aware of them
- Collaborate to create new initiatives
 - great time to partner with other local agencies to offer programs to fill a need in your community
 - e.g. a walking group, or group sessions on health topics

Learning from Communities

- Local Lead Organizations and Coordinators are encouraged to develop partnerships, initiatives etc. to share with other communities—**Please contribute your ideas!!**



Summary

- Volunteers will have diverse experience and skills, and may need different training and support
 - **All** PHEs have an educator role, but some will be able to do a little more
 - Start with planning the ‘core’ training components, then organize repeat and/or refresher sessions to provide more practice
 - Use your community knowledge and contacts to make resources/programs for modifiable risk factors available to CHAP+AP participants and to involve volunteers in providing community-based education
 - PHEs are the best advertisement so make sure they are knowledgeable about what is available to support healthy living in your community!
-