

WOMEN@HEART

PEER SUPPORT PROGRAM LED **BY WOMEN** WITH HEART
DISEASE **FOR WOMEN** WITH HEART DISEASE



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

CANADIAN WOMEN'S
HEART
HEALTH CENTRE

AT A GLANCE

The Women@Heart program is designed to create a caring environment for women to learn from each other and support one another in the road to recovery.

GOAL

To provide women with heart disease, in every community, with access to emotional support, education support and a caring environment for a better recovery after a cardiac event.

OBJECTIVES

1. To promote coping to reduce risk of isolation associated with heart disease diagnosis in women;
2. To empower women to take charge of their heart health and to better understand their condition;
3. To create a caring environment for women to learn from each other by sharing their stories; and
4. To represent a volunteer force of women who will become agents of change by being advocates for heart healthy women in their communities.

PROGRAM IMPACTS

- Increased awareness and knowledge of heart disease among women.
- Improvement in psychosocial well-being and health behaviors of women.
- Improvements in the delivery of patient centered care for women after a cardiac event.
- Enhanced patient satisfaction.
- Increased advocacy for women's heart health

42% OF WOMEN WHO HAVE A HEART ATTACK DIE WITHIN ONE YEAR COMPARED TO 24% OF MEN

MANAGING RISK FACTORS POST-EVENT CAN **REDUCE RECURRENCE UP TO 50%**

< 20% OF WOMEN PARTICIPATE IN CARDIAC REHABILITATION

PEOPLE WITH ADEQUATE SOCIAL RELATIONSHIPS ARE AT A **50% LOWER RISK OF DEATH** THAN THOSE WITH POOR OR INSUFFICIENT SOCIAL RELATIONSHIPS

THE REALITY

Quality of life is significantly lower for women than men after a cardiac event, and women who lack social support have a higher risk of fatal heart disease.

The low participation rate of women in cardiac rehabilitation (CR) programs has been known for years, yet persists despite the known improvement in survival rate; women in developed countries are 36% less likely to participate in CR than men. One reason may be that conventional CR programs do not meet the recovery needs of women. It has been suggested that women's primary 'rehabilitative need' may be social support, particularly from women with similar illness experience.





THE TIME FOR CHANGE

Research suggests that supportive cardiac care for women must create opportunities to comfortably discuss their health concerns with their peers.

Group programs can greatly improve survival of women after a cardiac event, yet participation is very low among women. Barriers women experience are: a male-centric, “men’s club” approach to programming; a lack of emotional support; little time for social interaction; and a predominant emphasis on exercise, which may not be amenable to a woman’s lifestyle.

New strategies to build social support for women with heart disease are vital given their specifically expressed needs, adverse psychosocial responses, and poor participation and completion rates in traditional CR.

MANY ADVANTAGES TO PEER SUPPORT PROGRAMS

- Benefits of reciprocal models in which peers both receive and extend support to each other
- Frequent, ongoing, accessible and flexible
- Functions to supplement and enhances other health care services
- Peer support interventions are significantly less expensive than traditional case management models because they train and mobilize volunteers who are not health care providers
- Increases the number of social relationships
- Psychological and physical health benefits for both the peer and the leader

WHY PEER SUPPORT?

We know that people are more likely to hear and personalize messages, and consequently to change their attitudes and behaviors, if they believe the peer is similar to them and face the same concerns and pressures.

The most effective role models are those who are most similar yet more competent at the modeled behavior.

Support interventions empower patients to improve the management of their health and provide meaningful opportunities to help others facing similar challenges.

Despite the multiple applications, peer support is comprised of three specific and common attributes: emotional support, informational support and appraisal support. These attributes fully support participants navigating through various stressors in order to achieve desired health outcomes.

“It was a real atmosphere of support and not kind of one-upmanship; nobody was trying to say “oh my story was worse than yours”.

EMOTIONAL SUPPORT

Availability of a peer to discuss personal difficulties to support a full recovery.

INFORMATIONAL SUPPORT

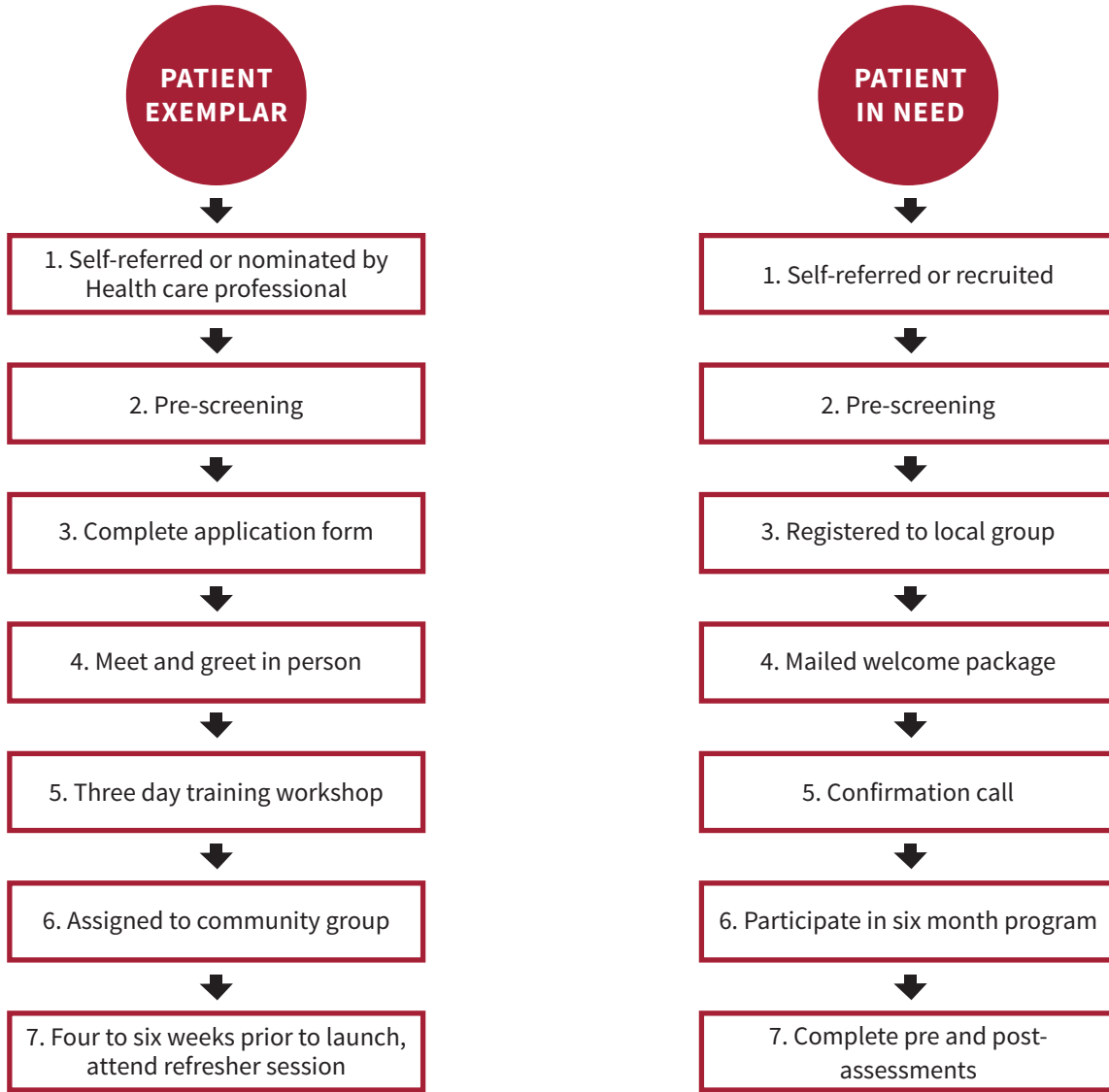
Gain the knowledge relevant to problem-solve and achieve health goals.

APPRAISAL SUPPORT

Discuss information for self-evaluation and validation of emotions and behaviors.

HOW IT WORKS?

The Women@Heart Program is grounded in the principles of peer support, which has strong research evidence in addressing gender-specific recovery barriers that women face.



Letter of recommendation for Women@Heart Peer Leader

The goal of the letter of recommendation is to help a referee make a statement of support for an applicant. It includes how long the referee has known the applicant and in what capacity, a few remarks about the applicant's personal qualities and accomplishments, and experiences that make the applicant a good fit for the role of Peer Leader.

The information provided is to help the selection committee get a better picture of the applicant and their potential.

Instructions: Once completed, please insert this form in an envelope and return it directly to the address listed at the end of this form. To ensure confidentiality, please sign the back of the envelope across the seal. In the case of a self-managed application, the sealed document can be returned to the applicant.

1- Applicant Information

Given Name: _____ Postal Code: _____
 Last Name: _____ Email: _____
 Address: _____
 Phone Number: (____) _____

2- To be completed by referee. Please type or print.

Position: _____
 Name: _____ Email: _____
 Phone Number: (____) _____
 Name of institution, agency or organization (if applicable): _____
 Address: _____ to _____ in the following capacities:

I have known the applicant from (insert):

- Health care provider
- Coworker
- Community Leader
- Volunteer/Colleague
- Friends or family member

Applicant Abilities	Good Average	Average	Below Average	Proficient/Advanced
Self-management skills				
Interpersonal communication				
Writing skills				
Group facilitation				
Teamwork				

Women@Heart Peer Leader Application Form

Leading the way in women's heart health

Contact Information

First Name: _____ Last Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Email Address: _____

Background Information

Date of birth (MM/DD/YYYY): _____ Current age: _____

What language do you speak? English French other spoken languages: _____

What level of education have you completed? Elementary or less Some High School High School Diploma Some Post-Secondary College or Trade Certification University Degree

Do you have access to a computer? Yes No

Which of the following groups do you most closely identify with (check one):

- Coronary artery disease (heart attack, angina (chest pain), stent, PCI, bypass surgery)
- Valve disorders
- Heart failure
- Other: _____

Knowledge and Skills

How do you rate your current knowledge of heart disease? Low Medium High

What skills or area of expertise would you use to describe yourself? (Check all that apply)

- Public speaking skills
- Presentation skills
- Group facilitation
- Interpersonal communication skills
- Delivery of educational material
- Decision-making skills
- Teamwork skills
- Development of educational material
- Organizational skills
- Health promotion expertise
- Self-motivation
- Computing skills
- Time management
- Professionalism
- Creativity
- Other: _____

Participants Screening

The Canadian Women's Heart Health Centre (CWHHC) requires that new participants in the Women@Heart program go through a screening process to determine if they are suitable for group support and will benefit in attending the classes. Screening is important for keeping groups safe and effective.

The following screening protocol may be used to determine if a woman is eligible to participate in the Women@Heart program go through a screening process to determine if they are suitable for group support and will benefit in attending the classes. Screening is important for keeping groups safe and effective.

1. Think the person for calling and for her interest in the program.
2. Ask how she found out about the program.
3. Ask why she is interested in the program - this should lead to discussion about recovery path/needs.
4. Number of previous heart attacks - _____
5. Length of previous heart attack(s) - _____
6. Group size (6-12 participants)
7. Reason for the program for help (how far gone, phone number and cardiac condition)
8. Think by meeting the person that she will receive identification email with all the group details and will be contacted by the group Peer Leader to the group for 1-2 weeks prior to the meeting.

Which of the following groups does the person most closely identify with (check one):

- Coronary artery disease (heart attack - stent, PCI, bypass surgery/CABG)
- Valve disorders
- Heart failure
- Other: _____

When did you have your event? (Y/M/A): _____

Have you attended CA after your event? Yes No

Women 65-74 years old? Yes No

Have not been hospitalized for experienced significant cardiac symptoms within the last 6 weeks? Yes No

Geographically able to attend local meetings? Yes No

Understand English or French? Yes No

Currently involved in any cardiac rehabilitation research study? _____

Without method: _____

Phone Number: (____) _____
 City: _____ Date of Birth: DD / MM / YYYY
 Postal Code: _____
 Group Location: _____

FEATURES

The Women@Heart Program consists of a series of 12 sessions of 2 hours held bi-weekly over a 6-month period in a closed support format (same members, not revolving members).

The sessions are facilitated by trained peer leaders and the program directly responds to women's rehabilitative needs.

The Women@Heart modules first address emotional support to reduce risk of isolation and promote coping with diagnosis; secondly, educational support to empower women to take charge of their health (including gender-appropriate exercise); and lastly offer a caring, social environment for women to learn from each other.


To ensure program accessibility, the program is completely free, the sessions are held within the community and physician referral is not required.

The Women@Heart program includes the most evidence-based components of peer support:

- role modeling and effective listening;
- empowerment, encouragement and motivation;
- goal setting, action-planning and problem solving;
- helping patients to better navigate the health care system for resources.

“Then you understand that you're not alone. It really helped me a lot. I was depressed and now I'm ok. Now I'm better.”



A black and white photograph showing two women in profile, facing each other as if in conversation. The woman on the left has dark, wavy hair and is wearing a light-colored, short-sleeved top. The woman on the right has dark hair styled in braids and is wearing a light-colored, button-down shirt. The background is bright and out of focus, suggesting an indoor setting with large windows.

“Yeah the group becomes your family because they understand what you’re going through for the particular situation. They understand better than anybody else.”

GROUP SESSIONS CURRICULUM

1

SESSION 1: WOMEN AND HEART DISEASE.

Participants tackle the most common myths and misperceptions of heart disease and gender differences, plus discuss treatments, symptoms and diagnosis of heart disease.

2

SESSION 2: ROAD TO RECOVERY. Participants write their heart disease story and share their personal journey with each other. Participants will also learn about the emotional and physical road to recovery.

3

SESSION 3: YOUR EMOTIONS AND HEART DISEASE. Participants explore the most common emotions of surviving a heart incident, including sadness, anger and frustration, in addition to learning the most effective ways of coping with change.

4

SESSION 4: MANAGING EMOTIONS. Building on session 3, participants gain specific tools to best manage their emotions, including relaxation techniques, positive thinking, and effective communication strategies.

5

SESSION 5: ACTIVATE YOURSELF FOR HEALTH. Participants receive their personalized Risk Factor Profile, and a road map to identify the health strategies that will have the most positive impact on their health

6

SESSION 6: WAYS TO STAY MOTIVATED.

Participants engage in discussion on key tips to improve their risk factors, including healthy eating, physical activity, stress and weight management. Participants also learn about how to remain motivated long term, tackling issues such as confidence, activation and decisional balance.





7

SESSION 7: MANAGE YOUR HEART DISEASE RISK. Building on session 6, participants learn about goal setting and creating an action plan to manage their risk factors and reduce risk of recurrent events.

8

SESSION 8: PROBLEM SOLVING SKILLS. Participants will discuss the barriers they encounter to making healthy changes and learn to problem-solve challenges and triggers in their everyday lives.

9

SESSION 9: THE SLIPPERY SLOPE OF LIFESTYLE CHANGE. Participants learn to recognize slips from their health goals and how to build effective strategies to prevent or recover from relapses, including dealing with negative self-talk.

10

SESSION 10: TAKE CHARGE OF YOUR HEALTH. Participants explore the various type of support available and learn how to work with their health care team to better manage their condition and risk factors.

11

SESSION 11: NAVIGATING COMMUNITY RESOURCES. Participants learn how to navigate the community resources available to them and think forward to plan for the future.

12

SESSION 12: WHAT A JOURNEY. Participants look back over the 11 sessions and tie together the most important skills and tools to move confidently into the future.

LEADER CERTIFICATION

Peer leaders are women who have been diagnosed with heart disease and have a strong passion for supporting and helping other women in their recovery. Leaders must have come to terms with their own heart disease diagnosis, and be physically, emotionally, and psychologically ready to help other women. Leaders undergo a screening process to determine eligibility in becoming a leader, after which they complete a 3-day training workshop led by experts at the Heart Institute.

TRAINING PROVIDED:

Peer leader training will consist of:

- Disease specific information (general disease information, women and heart disease, risk factor management, stress coping and emotional management)
- Communication skills (active listening, sharing stories, facilitation skills, coaching skills, public speaking)
- Support skills (non-directive support, building motivation)
- Self-care skills (goal setting, action plan, problem solving)
- Access to community resources to address ethical concerns, role conflict, crisis management





COMMUNITY OF PRACTICE:

Peer Leaders meet every 6-8 weeks to support each other, share knowledge and experiential learning, and, most importantly, keep each other committed to, and consistent with, the values and principles of practice of peer support.

The camaraderie experienced within a group of like-minded individuals who share similar values and lived experience can help to maintain the health, hopefulness and wellness of the leaders, provide opportunity for learning and the sharing of wisdom, and remind each other of peer support's guiding values.

BENEFITS:

It has been demonstrated that people who provide peer support experience higher rates of physical health, life satisfaction, and lower rates of distress and are more optimistic about their health.

Here are some of the benefits that Peer Leaders can gain by becoming involved:

- Sense of purpose (accomplishment and competence)
- Well being (making people feel good about themselves)
- Knowledge gain (more knowledgeable and confident in own skills)
- Acceptance (opportunity to come to greater terms with own illness)
- Social Connection (protection from social isolation and physical decline)

YOU TOLD US, AND WE LISTENED

A NATIONAL SURVEY TO IDENTIFY HEART HEALTH NEEDS AMONG CANADIAN WOMEN.



WE ASKED YOU:

How valuable would it be to have local community members, trained by qualified health care providers, to conduct heart health education and outreach in communities where they live?

The survey identified that **83% of women** across Canada wanted a local heart disease support network for women in their community.

WITH THIS “TRAIN THE TRAINER” APPROACH THE WOMEN@HEART PROGRAM CAN BE INTEGRATED INTO YOUR ORGANIZATION.

Here are the site Requirements to Become a Partner Organization to Adopt the Women@Heart Program:

PHASE 1: IN-SERVICE AND READINESS ASSESSMENT

PHASE 2: PARTNERSHIP AGREEMENT (INCLUDE COSTING OF SERVICES)

PHASE 3: TRAINING AND PROGRAM IMPLEMENTATION

To facilitate successful implementation of the Program, the Site must:

- Designate a representative to oversee implementation of the Program at your site, and to liaise with the University of Ottawa Heart Institute (program coordination and logistics, peer leader screening and registration, patient screening and enrollment).
- Screen and register with community sites for group sessions.
- Send peer leaders to the University of Ottawa Heart Institute to attend the annual training workshop to become a certified Women@Heart Peer Leader OR run 3-day training workshop at your site with local subject matter experts (workshop curriculum must follow the same format as delivered by University of Ottawa Heart Institute).
- The site must submit bi-annual program metrics to the University of Ottawa Heart Institute.



FOR MORE INFORMATION AND HOW TO GET INVOLVED WITH THE
WOMEN@HEART PROGRAM PLEASE CONTACT:

UNIVERSITY OF OTTAWA HEART INSTITUTE

WOMEN@HEART PROGRAM
PREVENTION AND WELLNESS CENTRE
40 RUSKIN STREET, H2353
OTTAWA, ONTARIO, K1Y 4W7
PHONE: 613-696-7000 EXT. 10412
TOLL FREE: 866-399-4432
FAX: 613-696-7113
PWC@OTTAWAHEART.CA
WWW.YOURHEART.CA



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HEART
HEALTH CENTRE