

PEER EDUCATOR DEVELOPMENT & LEADERSHIP:

Keeping Leaders Engaged and Tools for Recruiting Strong Leaders

Tuesday, August 20, 2013
2:00- 3:30 PM PDT

C A L I F O R N I A
HEALTHIER LIVING

Living Your
Best Life...

WELCOME!

Meeting Objectives:

- Learn about the PEDAL (Peer Educator Development and Leadership) program to keep leaders engaged and excited
- Review CDSME Toolkit Materials to Maximize Your Leader Workforce
- Technical Assistance Updates

PEDAL

Peer Educator Development and Leadership



WHAT IS PEDAL?

- Quarterly meeting with HL Leaders
- Similar structure as HL workshop (but can be shortened if necessary): 2 ½ hours with a 20 minute break
- Includes brainstorming, problem solving, action planning

WHY PEDAL?

- Increase fidelity
- Maintain Leader Engagement
- Coordinate Logistics/paperwork



HOW DOES IT WORK?

- Build Agenda: Program Coordinators/Fidelity Checkers maintain list of common/recurring issues observed in workshops
- At meeting, address above issues AND:
 - Brainstorm list of problems that Leaders have experienced in facilitating
 - Select a problem to Problem Solve
 - Discuss problem a little more to really “Identify the Problem”



TYPICAL PEDAL SESSION, CONTINUED

- Once the problem is well identified, conduct a Brainstorm of possible solutions

(E.g, Problem: “Participants are too talkative.”)

Solution ideas:

Talk to disruptive participants at break/

Say: “Shhhh!”

Say: “Let’s all give our attention to this topic now”

SKILLS BUILDING IN PEDAL:

- Role Play *Feedback/Report on Action Plans* in which each Leader/ “participant” acts as a someone they have experienced in a workshop – *e.g., someone who had not done their action plan but didn’t seem to care that they had not done it.*
- After role play, discuss how the “Leaders” handled the difficult situations, and whether the situations were handled with fidelity to the Stanford curriculum.

MORE PEDAL ACTIVITIES

- “Lecturettes” on updates of Program Activities/ how many participants/completers so far
- Brainstorm “Why is data collection important?”
- Discuss participant retention/completion



SAMPLE AGENDA

- Welcome and Introductions – each person shares where they have facilitated/how many workshops
- Report: Program Activities & Accomplishments
- Brainstorm facilitation issues/problems
- Problem solve 1 – 3 of the problems
- Logistics: give out new folders and supplies
- Action Plans (what Leaders will do with new knowledge)

RESOURCES TO IMPLEMENT PEDAL

- Time (~2 hours planning plus 2 ½ hour meeting)
- Conference Room
- Paper/whiteboard/flipchart/markers

CHALLENGES

- Scheduling PEDAL so that all Leaders can attend – give lots of lead time
- Different levels of skills - not everyone needs all of the skill building, but the higher level leaders can help the ones that need to improve.

OVERALL IMPACT

- Informal evaluation and feedback has shown that participants are more confident because of skills building in the PEDAL sessions.
- Leaders stay engaged.
- Venue for leaders to give feedback about how the program is going.
- Leaders meet with each other.
- Improve skills and program fidelity.

3 Steps to Implement PEDAL

- Ask yourself and your leaders: What are some common struggles in workshop facilitation?
- Set meeting date
- Build agenda, and be flexible!

CA Healthier Living Coalition Brainstorm:

- What are some issues *your* program could address in a PEDAL session?



QUESTIONS?
COMMENTS?
DISCUSSION?



CDSME LEADER TOOLKIT

Materials to Maximize Your Leader Workforce



WHAT IS THE LEADER TOOLKIT?

1. Introduction Letter/Packet
2. Volunteer Application
3. Interview Script
4. Welcome Letter
5. Leader Agreement

WHY A LEADER TOOLKIT?

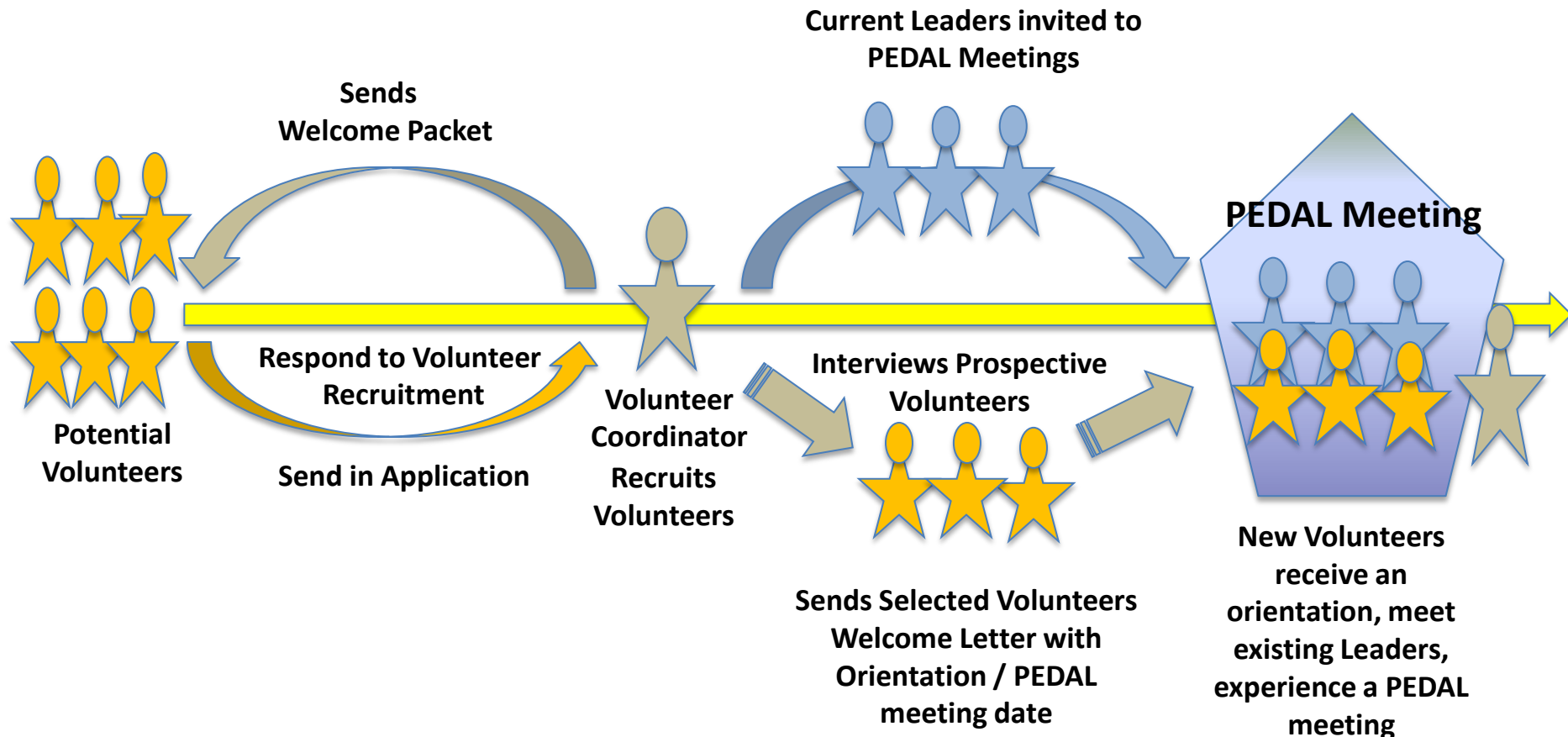
Aligns with / supports PEDAL

- Offers a warm welcome
- Creates new volunteer roles to support CDSME
- Affirms appreciation
- Emphasizes volunteer contribution
- Orients new volunteers
- Builds relationship

Promotes Fidelity

- Enhances communication
- Provides an overall vision for their role
- Makes expectations clear
- Screens potential volunteers
- Aligns volunteer role with individual skills and needs
- Mentoring opportunity

HOW TO USE THE LEADER TOOLKIT



HOW TO USE THE LEADER TOOLKIT

STEP 1:

Introduction
Letter &
Leader
Application

STEP 2:

Leader
Interview
Script &
Assessment
Tool

STEP 3:

Welcome
Letter &
Orientation /
PEDAL

STEP 4:

CDSME
Training &
Leader
Agreement
for “Leaders”

INTRODUCTION LETTER / PACKET

For individuals interested in
becoming a volunteer
& / or leader

Provides overview of:

- Agency
- Evidence-based Programs
- Healthier Living & other EBP
- Volunteer Opportunities
- Process
- Volunteer Coordinator Contact Information

Healthier Living Volunteer Introduction Letter

Put on Agency Letterhead

Date

Dear [Name of Volunteer]:

Thank you for your interest in (Agency Name) and the Healthier Living program. Our mission is to serve as a (Agency's Mission). Evidence-based programs (EBPs) are programs that are proven to promote health and prevent disease through rigorous research, and they are an important part of the services we provide to make significant impact in the quality of life and day-to-day management people have in managing their health and chronic conditions. Included in this information packet you will find, an overview of (Agency Name), materials describing Healthier Living and our other evidence-based programs (EBPs), the volunteer opportunities we have available, and the process of becoming a volunteer. Please let me know if you have any questions whatsoever.

Healthier Living is an evidence-based program, also known as the Chronic Disease Self-Management Program, developed by Stanford University. It is an interactive workshop for people with varying chronic condition(s) to help and support one another. The program is designed to help people manage ongoing health conditions such as arthritis, diabetes, heart disease, depression and asthma. It is a six week workshop series that takes place once a week for 2 ½ hours facilitated by two trained leaders. Overall, Healthier Living teaches the skills needed in the day-to-day management of chronic condition(s) and to maintain and/or increase life's activities. The curriculum includes appropriate behavior modifications and coping strategies to enable participants to manage their chronic disease(s) and medications and increase physical activity levels. At (Agency Name), we also offer other workshops similar to Healthier Living, including (Other evidence-based programs, such as Diabetes Self-Management, Walk with Ease, etc.).

Volunteering to support the Healthier Living program provides you with the opportunity serve your community through evidence-based health promotion programs that educate, strengthen, and motivate people living with chronic conditions to better manage their health, giving them tools they can use every day to feel better and be in control of their health. There are many ways to support the program and the greater health of your community by volunteering, such as being a workshop facilitator, prepping materials, identifying community partners, or developing newsletter stories.

After reading the enclosed materials we hope that you will be interested in joining us to spread Healthier Living and other evidence-based programs. To begin the process of becoming a volunteer, please fill out the attached application and send to our office via postal mail, email or fax. We appreciate your interest in learning more about our program, and if you have any further questions, feel free to contact us directly at (Agency Phone Number).

Sincerely,

(Coordinator's Name)
(Position Title, Program Title)
(Email, Fax Number)

LEADER APPLICATION

Application provided in the introduction letter/packet

- This tool will provide agencies with potential leader's:
 - Contact Information
 - Preferred Service Areas
 - Details on their experience
 - Agency affiliation (if any)
 - Goals for becoming a volunteer
 - Volunteer interests

Next Step:

➤ Volunteer Coordinator conducts screening process

The image shows a stack of application forms. The top form is titled "Healthier Living Volunteer Application" and includes the following sections:

- Header:** Licensing Agency Logo, Agency Logo, and the California Department of Aging logo.
- Section Header:** (Agency Name) Healthier Living Volunteer Application
- Introduction:** Thank you for your interest in becoming a Healthier Living Volunteer! To continue with the application process, please complete this form in its entirety. We use this information to set up your interview with Healthier Living staff, register you for required training and orientation process, to coordinate Healthier Living workshops in the community, and to track Healthier Living volunteers in California.
- Form Fields:**
 - PLEASE TYPE OR PRINT IN INK---
 - Today's Date
 - First Name, MI, Last Name
 - Mailing Address, City, Zip
 - Is this a personal or business address? ☐ Personal ☐ Business
 - Telephone Number
 - Date of Birth, Email Address
 - What is the best way to contact you? ☐ Phone ☐ Email
 - What is the best time to contact you?
☐ Morning ☐ Afternoon ☐ Evening
 - In case of emergency notify:
Name, Telephone

LEADER INTERVIEW SCRIPT & ASSESSMENT TOOL

Guide to assess the skills, abilities, and motivation

- Provides the opportunity for:
 - The candidate to ask questions and express concerns
 - The Coordinator to review:
 - Personal motivation
 - Volunteer opportunities
 - Position Responsibilities
 - Program Fidelity

Next Step:

- Volunteer Coordinator sends Welcome Letter

5. How can this volunteer experience/leading the Healthier Living workshop be beneficial to you?

6. What do you feel would be challenging for you as a volunteer with us?

CDSME Leader Interview & Assessment Form

Date:	Interviewer(s):	
Prospective Volunteer Name:	Phone:	Email:

1. What inspired you about this opportunity?

2. Tell me more about your experience and how it prepares you for our work (ask about their experience working with different populations in the local community).

a. What skills or personal qualities do you feel you could bring to this program? (outreach & communications, computers/copiers, people skills, mentoring, problem solving, partnership development, public speaking, etc.)

b. (If they have attended a Healthier Living/EBP workshop before) What was your experience during the workshop you attended?

3. Describe your ideal volunteer position and volunteering environment.

a. What would you like to get out of the volunteering experience?

4. How do you feel about using a workshop script and teaching the workshop only as outlined in the course manual?

WELCOME LETTER

Provided to selected volunteers
after the interview

This tool will provide candidates with:

- Orientation session dates
- Next steps & process
- Introduction to PEDAL
- Contact person
- Leader Agreement

Healthier Living Volunteer Welcome Letter

Put on Agency Letterhead

Date

Dear [Name of Volunteer]:

Thank you for your interest in volunteering with (Agency Name)! It was a pleasure to meet and learn more about you. I am pleased to offer you a position as a [Volunteer Position Name].

We invite you to attend an orientation session for new volunteers (details to the right) to commence your volunteering with us. During the session, we will:

- Provide program background & training
- Review policies and procedures
- Discuss staff and volunteer responsibilities

In addition, we will also work with you to schedule a (CDSME Program Name) training and subsequent workshop to facilitate. Together, the training and workshop will prepare you for your work as an (CDSME Program Name) Leader and help you attain (CDSME Program Name) Leader Certification. At the orientation we will provide you with an overview of what to expect during the (CDSME Program Name) training and certification process.

Please know we do not expect you to have all the answers at the end of this initial orientation or training, and a variety of resources are available to you as our volunteer. (Agency Name) will support your work as a Leader and volunteer by providing ongoing opportunities to learn and strengthen your skills through our Peer Education Development and Learning (PEDAL) sessions (and / or Agency Name volunteer support practices). These PEDAL sessions are a great opportunity to meet other volunteers, share experiences, and receive valuable tips. We also have experienced Leaders and volunteers available to mentor new (Agency Name) volunteers.

I've enclosed a volunteer agreement form. Please review, sign, and bring it with you to the orientation session. Thank you very much for signing up to volunteer with (Agency Name) I look forward to working with you in service to our community. Please let me know if you have any questions at all, I am here to support you!

Sincerely,

(Coordinator's Name)
(Position Title, Program Title)
(Agency Name)
(Agency Address)
(Agency Phone Number, Fax Number)
(Email)

Welcome to the (Agency Name)!

Orientation Details

Where:
When:
Time:

Please review and bring a signed copy of the attached Leader Agreement to orientation.

LEADER AGREEMENT

Provides an overview of the program standards & Leader responsibilities, including:

- Standards of Conduct
- Training Responsibilities
- Workshop Responsibilities
- Upon Completion of the Workshop

Next Step:

New volunteer attends orientation & PEDAL meeting. Coordinator puts all volunteer documents into a leader file.

Affiliate Agency Name or Logo	Licensing Agency Name or Logo	Healthier Living: Managing Ongoing Health Conditions Leader Agreement
<ul style="list-style-type: none"> Presenting the workshops based on the training and manual provided Serving as a facilitator rather than a lecturer. Facilitators focus on <i>process</i> – helping create a sense of connection between group members and leaders to create a safe and optimum environment of mutual learning and support. Not altering the number of workshops (6) or duration of each meeting (2.5 hours) Offering the workshops <i>in a civil (6) non-competitive way</i> – i.e. not scheduling a 		

Affiliate Agency Name or Logo	Licensing Agency Name or Logo	Healthier Living: Managing Ongoing Health Conditions Leader Agreement
<p>PLEASE READ CAREFULLY BEFORE SIGNING Date: _____, 20__</p>		
<p>The <i>Healthier Living</i> program has been designed to help people improve the management of their health conditions. The program has been standardized and proven to help people (that is, it is evidence-based) so that all the 10,000+ leaders trained to facilitate <i>Healthier Living</i> are offering the same program to bring the same, proven benefits to program participants.</p> <p>As a <i>Healthier Living</i> Leader, you play an important role in upholding the quality of the program. For you as Leaders, this means offering the workshop in line with these standards so that participants in your workshops will be helped, and not hurt by a program with unscripted changes. As a Leader, your words and actions must adhere to the program script and fidelity of so we can ensure the safety, quality and proven benefits of the program for all participants.</p>		
<p>In consideration of the <i>Healthier Living</i> Leader Training provided by (Agency Name), an organization licensed to provide <i>Healthier Living</i>, as a potential leader, I, _____, agree to perform the <i>Healthier Living</i> Leader duties to which I will be assigned to the best of my ability and in a professional manner.</p>		
<p><u>As a <i>Healthier Living</i> Leader, I agree to the following standards of conduct:</u></p> <ul style="list-style-type: none"> I will treat all program participants with courtesy and respect. I will inform (Agency Name) of any and all activity I engage in related to the <i>Healthier Living</i> program to ensure activities adhere to licensing requirements. I will safeguard the confidentiality of participants and their health information. I will exercise reasonable care in the use and protection of equipment and supplies. I will not accept payment from participants for the services I provide. I may receive compensation as a volunteer or employee of a program sponsor. 		
<p><u>Training Responsibilities:</u></p> <ul style="list-style-type: none"> I will attend 4-day training taught by 2 Master Trainers, 24 hours total. I will facilitate a 6-week workshop within 6 months upon completion of the training. I will facilitate 2 or more 6-week workshops per year. 		
<p><u>Workshop Responsibilities:</u></p> <ul style="list-style-type: none"> I will prepare for each workshop by reviewing <i>Healthier Living</i> manual and materials. I will facilitate the program according to the Leader Training and adhere to program fidelity to the best of my ability. I will organize the workshop meeting space with supplies and/or refreshments. I will present the workshops according to the directions, training, and materials provided. I will encourage interactive discussion about the concepts and skills presented. I will monitor and connect with each participant, including those with special needs. I will recruit and advertise for workshops using materials provided by (Agency Name) that includes their name and/or logo. I will promote socialization and a solution-oriented environment among the participants. I will strive to ensure that workshops follow the proven model by: <ul style="list-style-type: none"> Co-facilitating workshops with another trained Leader 		

Partners in Care Foundation, 2013

QUESTIONS?
COMMENTS?
DISCUSSION?



TECHNICAL ASSISTANCE UPDATE

New Statewide CDSME License coming soon!

Chronic Pain Self-Management added to license

Cross – Trainings

New Affiliate Agreement available

**New process for holding Leader Trainings under
statewide license!**

Leader Training Request Form

Leader Training Data Packets

THANK YOU!

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