

# WOMEN@HEART

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



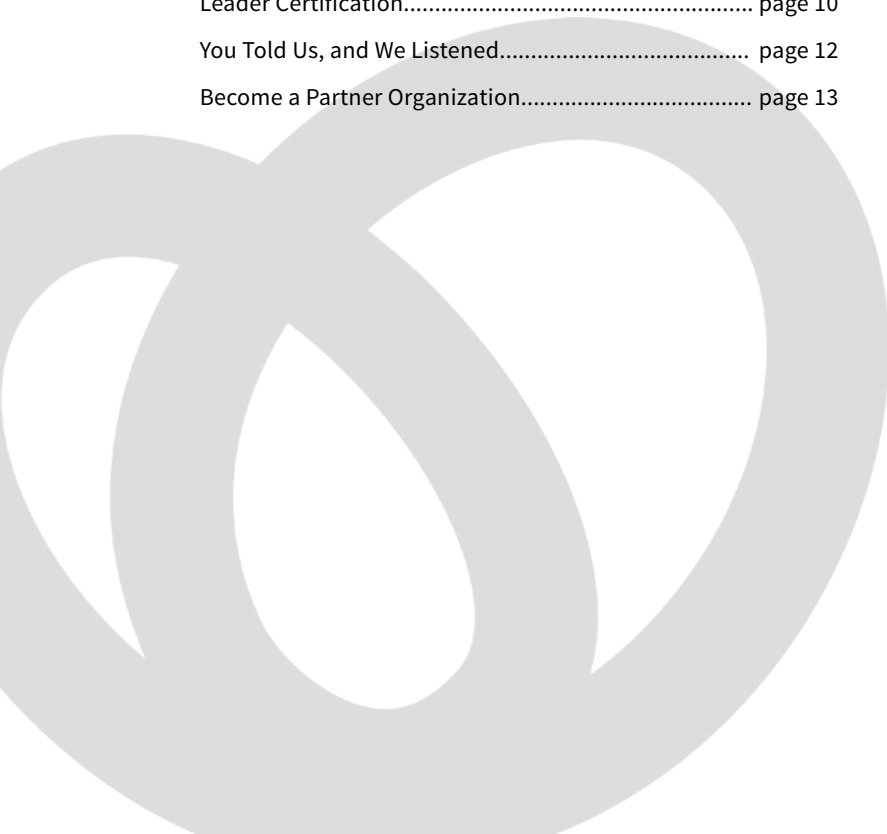
UNIVERSITY OF OTTAWA  
HEART INSTITUTE  
INSTITUT DE CARDIOLOGIE  
DE L'UNIVERSITÉ D'OTTAWA

CANADIAN WOMEN'S  
**HEART**  
HEALTH CENTRE

# TABLE OF **CONTENTS**

---

At a Glance.....	page 1
Goal.....	page 1
Objectives.....	page 1
Program Impacts.....	page 1
The Reality.....	page 2
The Time for Change.....	page 3
Why Peer Support.....	page 4
How it Works.....	page 5
Features.....	page 6
Group Session Curriculum.....	page 8
Leader Certification.....	page 10
You Told Us, and We Listened.....	page 12
Become a Partner Organization.....	page 13



## 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 behaviours 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.

## 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.

**26% OF WOMEN** WHO HAVE A HEART ATTACK DIE WITHIN ONE YEAR COMPARED TO 19% OF MEN

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

**35% OF WOMEN** WITH CARDIOVASCULAR DISEASE DO NOT VIEW THEIR EVENT AS A CHRONIC CONDITION THAT NEEDS TO BE MANAGED





## THE TIME FOR CHANGE

The low participation rate of women in cardiac rehabilitation (CR) programs has been known for years, yet persist 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.

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

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 cardiac rehabilitation.

*“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”.*

*Female participant, June 2015*

## WHY PEER SUPPORT?

We know that people are more likely to hear and personalize messages, and consequently to change their attitudes and behaviours, 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 behaviour.

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 those navigating through various stressors in order to achieve desired health outcomes.

## ADVANTAGES TO PEER SUPPORT PROGRAMS

- Benefits of reciprocal models in which peers both receive and extend support to each other.
- 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.

### EMOTIONAL SUPPORT

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

### INFORMATIONAL SUPPORT

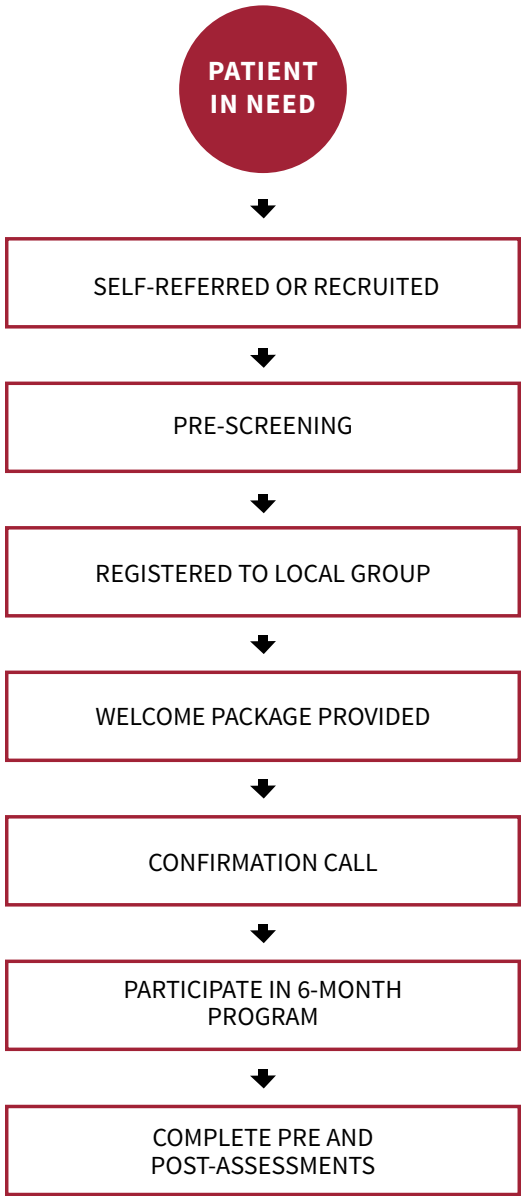
Gain the knowledge relevant to problem-solve and achieve health goals.

### APPRAISAL SUPPORT

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

## 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.



## 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). These two hour sessions are facilitated by trained peer leaders.

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

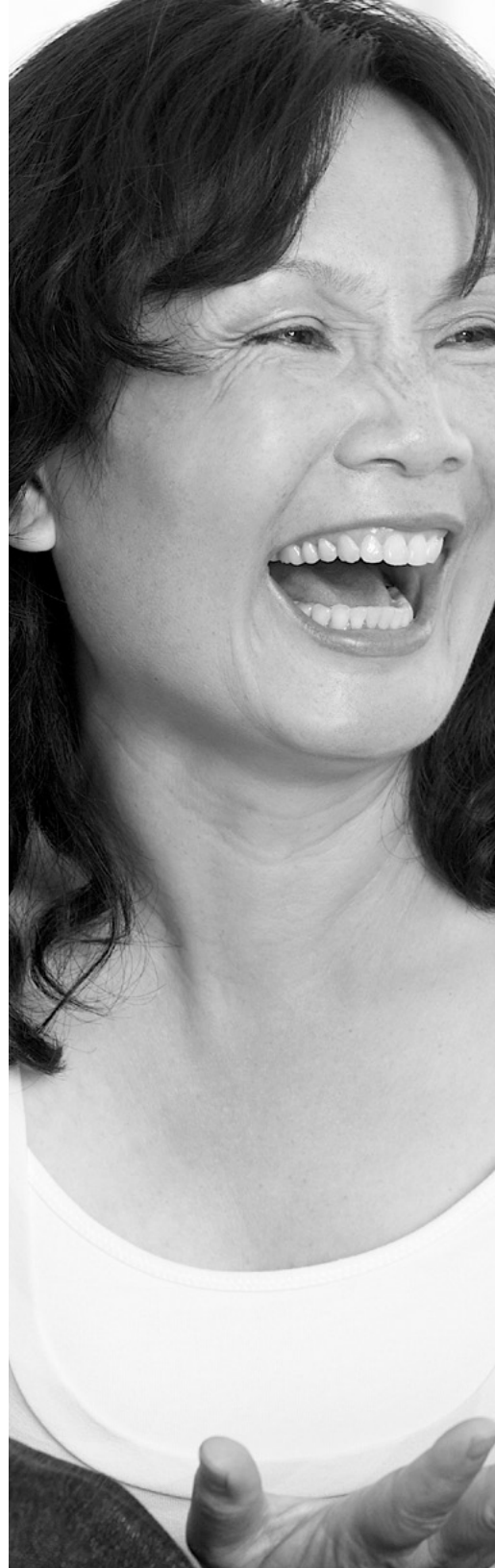
To ensure program accessibility, the program is completely free, the sessions are held within the community and physician referral is not required.

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; and
- 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.”*

*Female participant, June 2015*







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

**Female participant, July 2016**

## GROUP SESSIONS CURRICULUM

1

### **SESSION 1: WOMEN AND HEART DISEASE**

Participants tackle the most common myths and misperceptions of heart disease and sex 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 a heart disease diagnosis, 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 health behaviors and 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 readiness to change and selection of health priorities.





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 changes and learn to problem-solve challenges in their everyday lives.

9

#### **SESSION 9: THE SLIPPERY SLOPE OF**

**LIFESTYLE CHANGE** Participants learn to recognize slips from their 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 interactions with the health care system.

11

#### **SESSION 11: NAVIGATING COMMUNITY**

**RESOURCES** Participants learn how to find and select the community resources available to them.

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.

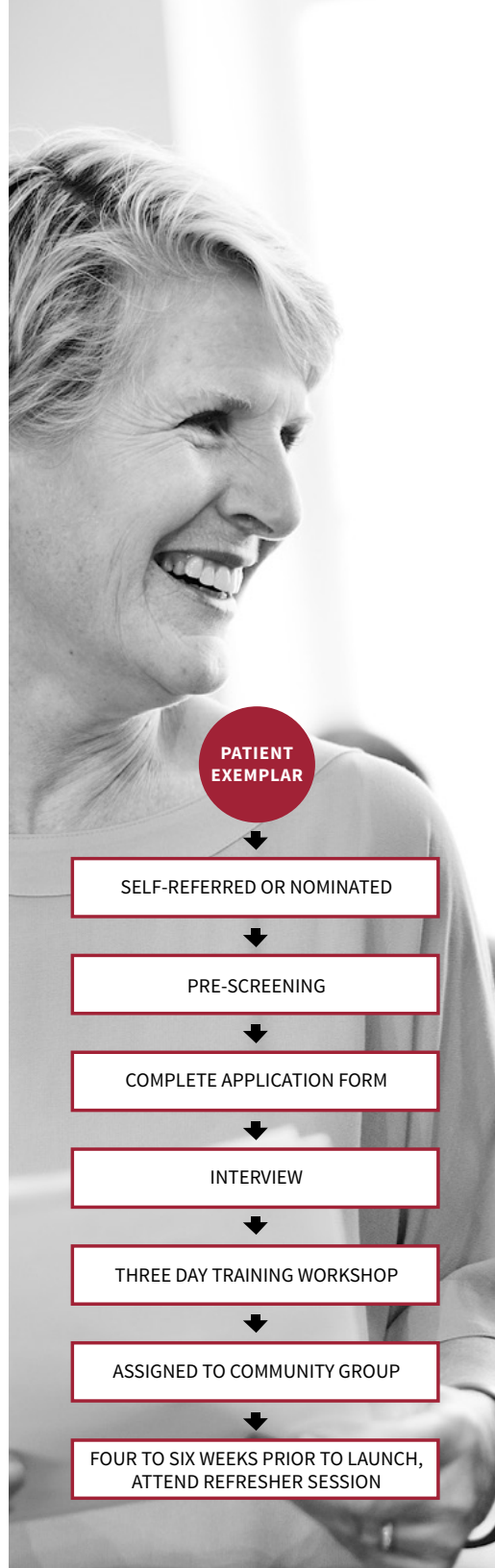
## LEADER CERTIFICATION

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.



PATIENT  
EXEMPLAR

SELF-REFERRED OR NOMINATED

PRE-SCREENING

COMPLETE APPLICATION FORM

INTERVIEW

THREE DAY TRAINING WORKSHOP

ASSIGNED TO COMMUNITY GROUP

FOUR TO SIX WEEKS PRIOR TO LAUNCH,  
ATTEND REFRESHER SESSION



## 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.

## BECOME A PARTNER ORGANIZATION

**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**

**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 the 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).



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

**WOMEN@HEART PROGRAM**  
PREVENTION AND WELLNESS CENTRE  
UNIVERSITY OF OTTAWA HEART INSTITUTE  
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



CANADIAN WOMEN'S  
**HEART**  
HEALTH CENTRE