Empowering Stroke Prevention

A Toolkit for Building Partnership with Communities

SELF HELP RESOURCE CENTRE

Stroke prevention project

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Empowering Stroke Prevention Project
The Self-Help Resource Centre
Toronto, Ontario, Canada
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What is the Empowering Stroke Prevention Project?

The Empowering Stroke Prevention Project is a pilot project by the Self-Help Resource Centre. The Change Foundation and the Ministry of Health and Long Term Care funded Phase I of this project, and the Ministry of Health and Long Term Care has funded Phase II.

The project's goal is to demonstrate that self-help approaches (mutual support, self-direction and empowerment strategies) can make a valuable contribution to the effort to prevent stroke, particularly in marginalized and underserved communities which may be difficult to "reach" by mainstream channels.

A brief history of the project

Phase I of the project involved three Ontario communities: Toronto, London and Nepean. Project participants used focus groups and informal meetings with community members in marginalized or underserved populations, plus input from a variety of health, health promotion and community development professionals, to develop two documents:

- A plain-language, practical booklet describing the risk factors for stroke, and how to make lifestyle changes (physical activity, healthy eating, quitting smoking, moderating alcohol, etc.) to lower one's risk of stroke.

- A "Facilitator's Guide", which shows volunteer "Lay Health Promoters" how to translate this information into stroke prevention activities such as health-oriented social events, walking clubs and circles of support.

The project then recruited volunteer peer facilitators in each community to test the facilitator training curriculum and the stroke prevention booklet. Once trained, the Lay Health Promoters collaborated with local health agencies to organize and run their own stroke prevention activities, including community meetings, outreach to seniors, popular theatre on 'aging well', and 'healthy' potluck suppers for isolated new Canadians.

Phase II of the project involved three new communities: Brantford, Guelph and Peterborough. Project participants recruited and trained a new cadre of Lay Health Promoters (now known as Health Ambassadors), and supported them in choosing, designing and carrying out a new set of stroke prevention activities in a broad variety of populations. This time the focus was on the process of forging partnerships between various health agencies and community groups, to sustain the self-help stroke prevention efforts over the long term.

The experience of forging those partnerships in the three communities has been captured in this Toolkit document, for the use of any health agency or community group that wishes to apply self-help strategies and techniques to stroke prevention in their community.

What is the Self-Help Resource Centre?

Established in 1987, the Self-Help Resource Centre (SHRC) is a registered charitable organization that facilitates the growth and development of self-help groups, networks and resources in the Greater Toronto area and throughout the Province of Ontario.

The Mission of the Self-Help Resource Centre is to promote self-help/mutual aid. Its goals are to increase awareness about self-help/mutual aid in the community and among helping professionals, and to facilitate the growth and development of self-help groups, networks and resources.

For detailed information on the resources and assistance offered by the SHRC, see our website at www.shrc.on.ca.

What is meant by "self-help partnership"?

Self-help can be carried out by individuals, but also by groups, agencies and whole communities. Whatever the scale of the project, self-help strategies have the following things in common:

- People come together around common experiences, challenges, interests and issues
- Participants contribute resources, ideas, information, expertise and access to other networks, to build solutions that none of them could have carried out individually
- The parties involved both give and receive – the collaboration benefits the "helpers" as well as the "helpees"
- Solutions come from the people involved with the problem at the grassroots level, not from "above"
- Peer support is used to complement professional help
- The group's efforts create opportunities for participants to learn skills, volunteer, and share responsibilities and leadership; the collaboration fosters self-worth, creativity and initiative.

A "self-help partnership" is an alliance of agencies, groups, and individuals, to mobilize community members towards solving a problem that they have a common interest in. This includes any and all of: the people directly affected by the problem, the people working to improve the welfare and well-being of that group, and the community groups and agencies devoted to that issue in the broader population, and to the community in general.

Why add self-help to the existing efforts to prevent stroke in the community?

Most people view self-help as an "after-the-fact" approach to health issues. They know of, and may also participate in, local or online groups which form around a particular health issue (Alzheimer's, autism, cancer, etc.), to help both those suffering from the issue and those who care for them. Participants share support, information, and strategies, and most importantly, get tremendous psychological and spiritual benefit from connecting with others who are facing the same problems, fears, and day-to-day needs.

The Self-Help Resource Centre believes that the power of the self-help model can and should be applied to issues of disease prevention and health promotion. A 2003 literature review and gap analysis conducted by the Self-Help Resource Centre determined that self-help and empowerment strategies successfully enabled people to make and maintain healthy changes in their lives. These strategies are particularly effective for those in marginalized communities with high levels of unemployment, poverty, and social isolation - all reported in the literature as contributing risk factors/conditions for stroke. Customized and adapted health-promotion approaches can, for various reasons, be more effective in these communities; in these situations, self-help offers a valuable tool for initiating and supporting healthy change.

Part II: Getting Started

Who should use this Toolkit?

How do I use this Toolkit?

What do I need?

Who will help me?

Who should use this Toolkit?

You do not need special training or qualifications to use this Toolkit. This Toolkit is designed to be used by individuals, agencies or groups interested in decreasing the risk of stroke in a community.

The term "community" can refer to:

- residents of a geographically defined place like a city or county, or
- a particular group in the broader population of that area (a cultural group, an age group, an income group), or
- a group which, for various reasons, is not being reached by mainstream efforts to promote healthy lifestyles and prevent stroke (non-English speakers, the homeless, etc.)

How do I use this Toolkit?

The goal of this document is to create a user-friendly, customizable blueprint for establishing a self-help partnership in your community, to support people in lowering their risk of stroke.

The Toolkit is intended to see you all the way through from initial planning stages to establishing community partnerships, carrying out activities, and building momentum for long-term sustainability of the project.

Included with this Toolkit document are various forms and information tools you can use, or customize to meet your specific needs. Communities are different – you know yours best, so feel free to experiment with this material and modify it. If you do, please contribute to the ongoing improvement of this material by describing what you have done and how it worked out. Email this project at stroke@selfhelp.on.ca .

The Toolkit is broken into the following chapters:

- **Introduction**
  An orientation to self-help, stroke, the Self-Help Resource Centre and this project

- **Getting Started**
  An overview of this document and how to use it

- **Identifying and contacting potential stakeholders**
  How to assemble the community agencies and groups who can contribute ideas, support and resources

- **Getting together**
  How to bring stakeholders together and work to create a self-help partnership around the issue of stroke prevention

- **Recruiting and training health ambassadors**
  How to find and train the individuals who will run stroke prevention activities for community members

- **Designing and Running Stroke Prevention Activities**
  How to choose activities that suit the health ambassadors, and how to carry through those activities, from acquiring necessary resources to evaluating the activity afterwards

- **Sustaining the Momentum**
  How to ensure that support for the partnership and activities continues over the long-term

You can obtain more detailed information on stroke prevention from the following sources:

- The Canadian Heart and Stroke Association
  http://www.heartandstroke.ca

- Ontario Ministry of Health and Long-Term Care
  http://www.healthyontario.com

- Canadian Health Network (by the Public Health Agency of Canada)
  http://www.canadianhealthnetwork.ca

What do I need?

a. A copy of this **Toolkit** document and **accompanying support documents**

b. Copies of the **Healthy Ways to Prevent Stroke in Your Community: a Facilitator's Guide** for the Health Ambassadors who will take the training and run the stroke prevention activities

c. Copies of the **Healthy Ways to Prevent Stroke: a Guide for You** for the participants in your stroke prevention activities

The materials for this project are all available for downloading from the SHRC website at http://www.selfhelp.on.ca/stroke/start-your-own.htm .

Who will help me?

You're not alone. This document describes how to enlist the support and knowledge of resource people in your community, and you can contact the Self-Help Resource Centre at (416) 487-0344, or by email at stroke@selfhelp.on.ca for guidance on any aspect of implementing this project.

Part III:

Identifying and contacting potential stakeholders

Who are "stakeholders"?

What role do stakeholders play?

Finding and contacting stakeholders

Who are "stakeholders"?

Stakeholders are your community partners in the effort to enable healthy change and lower risk of stroke in the target population(s) you have identified. They are any group or individual you think can contribute valuable resources to the job of solving the problem and implementing solutions. Those resources can take the form of (but are not limited to):

- Funding
- Materials
- Facilities
- Expertise on the subject of stroke
- Experience on the target populations you intend to focus on
- Connections in the local community
- Problem-solving skills
- People (volunteers, trained staffers, etc.)
- Involvement with projects and initiatives which are potentially complementary to yours

Some of your stakeholders will be "obvious" choices for this issue (representatives of the Heart and Stroke Foundation, representatives of the local Health Unit and/or seniors' organizations); others will be less explicitly connected to the issue of stroke, but equally valuable in the problem-solving process. The more diverse your stakeholder group, the better chance you have for finding solutions which are truly new and closely matched to your community's unique characteristics and needs.

What role do stakeholders play?

One participant in the Phase II stakeholder meetings compared the sessions to quilting bees, saying that "I feel like we've all bringing different bits and pieces of fabric, and we're coming together to stitch them into a quilt." Another evoked the parable of the penniless soldiers who set up a cauldron of "stone soup" in the town square, and persuaded the townspeople to contribute a carrot here, an onion there, until the cauldron was full of savoury soup for everyone to share.

The common element in these images is that stakeholders commit to coming together to participate in the problem-solving process, contributing whatever they can in the way of materials, resources, knowledge, networks and ideas. All of them have valuable things to contribute. All of them have limitations on what they can do; they may be confined by the mandate and/or practice bylaws of their organization, or they may have limited funding, or their personnel may already be overextended on other projects. And all of them have needs and agendas in addition to the problem that has brought them to the table. A number of Phase II participants used the meetings to seek input on related problems faced by their organization, and one soup-kitchen operator distributed her current "wish list" of materials and assistance, in hopes that some of the attendees could help her connect with the items she needed. This is not a bad thing. When participants see the meetings as a valuable resource for all those involved, and thereby create a crisscrossing web of needs met and connections made and co-operations large and small, the stage is set for a robust, long-term problem-solving relationship.

Finding and contacting stakeholders

Begin by inventorying your community for organizations and groups which might be interested in becoming stakeholders in the Empowering Stroke Prevention Project in your community. The following suggestions are just that – suggestions. Your community will have a completely unique assortment of groups and resources and individuals. Use the lists below as idea-generators, but do not be confined to just the listed possibilities.

1. Locate and list the "obvious players". These are the organizations which are explicitly devoted to stroke and related issues, or to populations which are deemed to have higher risk of health problems in general. They are important to contact for two reasons. First, they have tremendous resources of expertise, educational materials, and training related to stroke prevention. Second, they are already doing work to prevent stroke in the community, and it is best to open an immediate relationship with them rather than bypassing them. Examples of this group include:
    a. Local branch of the Heart and Stroke Association
    b. Health Unit
    c. Hospital
    d. Seniors' organizations
    e. Fitness organizations (YM-YWCA, fitness clubs, etc.)
    f. Other health promotion organizations and/or agencies, particularly those involved with health issues whose risk factors overlap with those of stroke (e.g. diabetes, heart disease, cancer, tobacco/alcohol addiction, obesity, etc.)

2. Move on to list the "less-obvious" players. These include the ones concerned with the welfare of particular groups, and/or the well-being of potentially marginalized groups from a non-medical angle. They are important to contact because they have specific knowledge about the factors at work in those groups who have historically been difficult to reach with "mainstream" health promotion messages, and because they bring a wide variety of "business models" and ways of getting things done to the problem-solving table. Examples of this group include:
    a. Support services to low-income/marginalized groups (municipal low-income housing agencies, family support services, etc.)

b. Shelters/emergency feeding programs/food banks
c. Cultural groups
d. Advocacy groups
e. Service/social organizations
f. Faith groups
g. Retirement/nursing homes

3. Consider canvassing those individuals you know who, for whatever reason, have a profound knowledge of your community. These can be experienced (or even retired!) professionals (medical, legal, educational, etc.), or "super-volunteers", or health and social service bureaucrats – these highly-networked people can come from several work backgrounds and walks of life. They are the "elders" of the community who can offer unique insights and connections to individuals, groups, initiatives and organizations you might not otherwise know about or consider.

4. Assemble your lists. Decide on the number of "positive contacts" (people who agree to come to the initial meeting of your project) you want to obtain. Some will, upon attending that meeting, decide that they are not interested in/not able to participate in the long term. Ideally, plan to settle at a group of between 8 and 20 long-term participants. More than that becomes difficult to manage, and less than that may not provide the multiple perspectives and knowledge pools you need for a community-wide approach to solving problems.

5. Begin making calls. Have several pages of the Stakeholder Contact Sheet (available at http://www.selfhelp.on.ca/stroke/start-your-own.htm) to organize contact information you receive as you go. Invite people to the initial meeting, and stress that coming to the meeting does not constitute a commitment to participate in the long term. Send out a copy of the Stakeholder Handout (also available at http://www.selfhelp.on.ca/stroke/start-your-own.htm) to provide initial information. For anyone you speak with, collect name, position and organization (if applicable), phone number and email address.
   a. Always ask "who else might be interested?" – even when the person you speak to is reluctant to participate.
   b. As much as possible, the people who come to your meeting should have front-line, on-the-ground experience of the populations being talked about.

6. When you have assembled a list of contactees willing to attend your meeting, follow up with an emailed/mailed agenda. See the Stakeholder Meeting Sample Agenda (available at http://www.selfhelp.on.ca/stroke/start-your-own.htm) document for an example.

Part IV:
Getting together

The meeting space

Items to bring to the meeting

Building understanding of self-help as applied to health promotion in general and stroke prevention in specific

Dealing with concerns

Building partnership

The meeting space

Give some thought to choosing a good meeting space.

- Consider any access/mobility issues your group may have – will stairs be a problem? Is it accessible by public transit?
- Is it in a location where all participants will feel safe? Does the location have ready access to well-lit parking?
- Is there a large whiteboard, or overhead/computer projection equipment?
- Can it be obtained at low cost or for free?
- Can it be booked well in advance for regular meetings?

At this early stage, avoid holding the meeting in space belonging to any of your participating agencies/groups, particularly if that agency is a "heavyweight" with large facilities and good funding. Moving to "neutral turf" is very helpful in keeping the group's focus on collective problem-solving and collective action.

Good sources of cheap or free meeting space include:

- Recreation centres/rinks
- Libraries
- Community resource centres
- Some larger grocery stores
- Universities/colleges/schools
- Tourism or chamber of commerce offices

Whenever you encounter a potential location which is not available on your desired day(s), ask about what else the staff there might know about. One Phase II community had a police station which offered its large boardroom to non-profit groups at no cost. Another had a museum which also offered meeting facilities. Some corporations with an interest in public service will allow groups to use their meeting rooms.

Items to bring to the meeting

- Agendas
- A few pass-around copies of the documents for this project, with information on how people can download their own copies
- Healthy snacks! Fruit trays, vegetable trays, low-fat crackers and low-fat dips, together with coffee, tea, water and juices are popular in most groups, and a nice kick-off to the "prevention/healthy lifestyles" motif. If your budget is tight, fruit and veggies can be cut by hand instead of purchasing them already-cut.
- A flip chart and markers to post points and ideas as they are raised, if the room does not offer a whiteboard
- Enlist a colleague or friend to take minutes; it's impossible to speak and record at the same time!
- Be sure to pass around a Meeting Sign-In Sheet (available at http://www.selfhelp.on.ca/stroke/start-your-own.htm) to capture name, organization, phone and email info for all attendees, since many of the people you contacted initially may send alternates to the meeting itself.

Building understanding of self-help as applied to health promotion in general and stroke prevention in specific

In your initial meeting, introduce the concept of self-help as it applies to lowering stroke risk in your community. Many people, when they hear "self-help", envision small groups of people sitting in circles, sharing stories and sympathy on a common issue. Self-help is a powerful tool for active, practical health promotion; it is not just for responding and supporting after a health event has taken place.

The essence of self-help in the prevention role proceeds from the idea that people frequently know what they need to do to be healthy, but they need help with surmounting the obstacles that prevent them from doing it. Obstacles can vary enormously from group to group, and are not always well addressed by mainstream health promotion efforts on the subject. They require problem-solving by people who understand the population and its issues well, and who can implement a solution that works for them "where they live".

For example:

- One health ambassador was concerned about her mother, who had high blood pressure but refused to lower the high salt content of her traditional ethnic cuisine, complaining that "it doesn't taste right if I do that". Group members proposed enlisting a nutritionist and an experienced cook of that ethnicity, in an effort to re-cast certain recipes in healthier form, with higher fibre, lower fat and lower salt, and even "test-driving" the modified recipes at a community gathering to educate as many people as possible and demonstrate that healthier cooking could be do-able and appealing as well.

- Residents of one rural Phase II community knew that exercise is important, and walking is low-cost and well-suited to seniors in particular. However, roads in that area were narrow, heavily trafficked, and not safe for walking, and many property owners also kept aggressive dogs which posed a serious threat to pedestrians. The problem was ultimately solved by gaining daytime access to a community indoor sports arena, forming a seniors' walking club, and setting up regular walking times and a modest incentive program offering prizes for attendance and distance completed.

- Another health ambassador ran an emergency feeding program for homeless and marginalized clients; this population is at high risk for chronic disease and the complications arising from it, but they are not easily reached by mainstream health promotion efforts. When an informal poll showed that 40% of her clientele was diabetic, she evaluated her program's menu and resolved to introduce healthier alternatives. However, the program's volunteer cooks proved surprisingly resistant to changing their standard "tried-and-true" dishes. She asked the group to help brainstorm ways to fund nutrition training for them, and incentives to entice them to take it.

The common element in all these examples is that the problem was unique to the population it affected, and the solution required collaboration between individuals and groups who were part of that population and/or who understood that population well, to both come up with and implement a matching solution. These individuals were not necessarily in the business of health promotion or stroke prevention per se, but were concerned for the health of the groups affected.

One aspect of the self-help model that also needs to be communicated is that although it is often low-cost, it is not "free of charge". Every solution needs resources. Resources can be obtained in a number of ways – they can be borrowed, bartered for, donated, or obtained through low-cost channels. But sometimes there is no getting around the fact that the best solution for a particular problem has a substantial dollar figure attached. In these cases, part of the job of problem-solving will be to figure out how to come up with the funding required. Self-help is about getting maximum return on investment, whatever the size of that investment might need to be.

Dealing with concerns

Experience in six communities during Phases I and II of this project have shown that "buy-in" to the idea of using self-help towards stroke prevention in your community does not always come smoothly in the initial stages. Here are some concerns or questions that may arise as you work to enlist the participation of your potential stakeholders:

- Organizations or agencies which are already involved with stroke prevention may interpret the introduction of this project as a criticism of their work.
    - Respond by: Asking whether there are populations or groups that they would like to have more inroads with than they currently do. Ask what groups they consider to be highest-risk in the community, and what factors are making it hard to help them change their lifestyle habits.
- Organizations or agencies may already feel overburdened by demands currently placed on them, and may be reluctant to take on another involvement.
    - Respond by: Asking what local projects they would like to see initiated if they had the time and/or resources. Often these projects can be implemented by interns/students/volunteers or other groups under the guidance of agencies with more expertise, or similar projects can be obtained as free "do it yourself" kits, with instructions and materials included. (e.g. The Good Food Box, Community Kitchens, Walking School Bus, etc.) It may be useful to print out some examples of these programs from the Resources page at the SHRC website, at http://www.selfhelp.on.ca/stroke/resources.htm.
- Professional agencies and practitioners may be concerned that the project will raise "scope of practice" issues; that untrained people may be giving advice or running activities that they are not qualified to do.
    - Respond by: Reassuring them that the activities are based on well-known healthy lifestyle factors, and that all medical questions will be referred to qualified personnel. Refer them to the two booklets produced by this project for Health Ambassadors and their activity participants. The materials therein are based on information distributed through official channels by the government and the Heart and Stroke Foundation. No agency or organization will be asked to step outside its legal "comfort zone" as part of this project.

- Volunteer-fueled groups may fear that this project will "steal" volunteers that they have worked hard to obtain.
    - Respond by: Proposing instead that this project will enrich the knowledge base of the group's volunteers, both in stroke prevention/healthy lifestyles, and in designing and running community health-promotion activities. The Empowering Stroke Prevention Program does not recruit volunteers; it builds partnerships between agencies and organizations, which can use their volunteers as they see fit, as part of the collective problem-solving effort.
- Agencies/organizations may feel that "everything is already being done" to address the problem of stroke prevention.
    - Respond by: Seeking the input of representatives of marginalized and/or underserved groups who are at the table. They can generally point to serious health/lifestyle issues in the populations they serve which require investment of specific problem-solving efforts. You may need to bring the group's discussion around to health-affecting issues that many agencies do not generally consider as part of their mandate, such as low income, or transportation problems, or language barriers.
- Agencies/organizations may object that "this is not in our mandate/not part of our business model".
    - Respond by: Stressing that stakeholders can set the parameters of their own involvement in this effort. Some can contribute materials, some can contribute personnel-hours, some can only contribute their expertise as a resource for other players, or their access to networks of other helping and/or funding agencies. By becoming stakeholders, they commit to being part of the problem-solving effort; the nature and scope of their commitment is up to them.
- Some potential stakeholders may find the open-ended, highly-flexible nature of this model too vague and undeveloped; they want to see a detailed, specific project proposal that they can adopt or reject.
    - Respond by: Explaining that the purpose of this partnership is to identify problems, inventory resources, and collectively craft solutions. The group may choose to adopt a model developed elsewhere (describe examples like the Good Food Box, or the Grow a Row Program) as part of its arsenal of activities, but that the model must begin as open-ended in order to collect the input of the populations it is to help, and the groups who are dedicated to their welfare.

Do not be intimidated when potential stakeholders raise issues. It shows that they are thinking about what you have proposed, and are working through any objections that may be raised when they take the self-help concept back to their organizations. It is not unusual for the most relentless questioner to become the most energetic and positive member of the partnership when it is formed.

Building partnership

Plan to devote an entire meeting (or more, since it is an ongoing process) to this task, after the first introductory meeting where you seek the support of potential stakeholders.

This task is critical for implementing the self-help model successfully. By persuading organizations and agencies to step outside their regular mandates and modes of practice, you set the stage for innovative problem-solving which springs directly from the issues and obstacles as they exist in your own community, rather than how they might be presented in a textbook.

When stakeholders create a successful self-help partnership, they:

- act as equal partners in a collective effort, with shared authority, responsibility and management
- consult with the communities being served by the self-help effort, and act as a resource to them
- accept guidance from those communities as to what is needed and how it should be delivered
- seek to mobilize contribution and participation from within those communities, to ensure that the project is propelled and "owned" by the groups it serves, as much as possible
- grow solutions "from the ground up" by starting from specific populations and specific issues, rather than broad definitions and broad trends
- relinquish the directive role (this is VERY hard for many helping agencies/organizations, because they are, by their nature, leaders and organizers!)
- bring their own needs to the table, and can look to the partnership to help fulfill them
- temporarily suspend traditional territories and jurisdictions within the community

That being said, building an effective community partnership is unfortunately not a straightforward, cookie-cutter process. Many documents exist which describe the partnership model, but none offers a foolproof way to get there. It truly is a "learn by doing" process. This document offers tools and help with evaluating the success of the partnership-building effort (see the "Sustaining the Momentum" chapter), but acknowledges that there is an element of "you'll know it when you see it" involved as well. Participants in successful community partnership-building all refer to an "Aha!" moment where the group members were fully engaged in designing and planning a local initiative towards a local need, with all partners bringing forward ideas and resources, and sharing in the excitement and energy of creating something new that belonged to them and was directly based on their own grassroots experience.

So, although we cannot offer you a guaranteed recipe for building your stakeholder group into a self-help partnership, we strongly suggest that you take the following steps:

1. Offer examples of what "self-help" looks like and/or what it does not look like. For example,

   Self-help IS:

   - Parents, students, teachers, school officials, and resource experts meeting to discuss violence and bullying in schools and coming up with ways to combat it

   Self-help is NOT:

   - A province-wide initiative to implement "zero-tolerance" policies in schools

   Self-help IS:

   - Low-income groups and the agencies/groups that serve them deciding to implement a Good Food Box program, and Community Kitchens for greater social connections and an opportunity to purchase/prepare nutritious food economically, and seeking ways to assemble the startup funds for these programs

   Self-Help is NOT:

   - Distribution of cheques to low-income families to supplement their food budgets

2. Introduce the characteristics of a successful community partnership as described above.

3. Describe clearly what you wish to accomplish with this partnership – what approach will it take that has not been taken before?

4. Offer examples of what has been done in other situations – some will be provided in this Toolkit and on the Empowering Stroke Prevention web pages at http://www.selfhelp.on.ca/stroke/activities.htm .

5. Describe what you want people/organizations to do: list possible roles and responsibilities for them to consider. Participants in the partnership might provide any of:

   - Brainstorming potential solutions and activities
   - Expertise with stroke prevention, health promotion or with the populations targeted in this initiative
   - Material resources
   - Administrative backup
   - Facilities
   - Research assistance to find information, locate resources and/or write proposals
   - Personnel (volunteer or staff) to work on activities
   - Access to funding or related-service networks
   - Accumulated goodwill/credibility with the populations being discussed, and/or in the community at large, access to people in leadership positions
   - Organizational flexibility to implement ideas that may be outside other groups' mandates
   - Other resources as required

6. Work through the Partnership Framework Template document (available from http://www.selfhelp.on.ca/stroke/start-your-own.htm). Alter its format as seems appropriate for your group and its preferences.

7. Compile your group's input into the Partnership Template, distribute to all stakeholders, then bring to the group's next meeting and finalize.

In subsequent meetings:

8. Inventory and discuss:
    - local populations who have one or more lifestyle risk factors for stroke
    - the factors that make them difficult to access/persuade by mainstream health promotion methods
    - what each stakeholder is hoping to obtain from the partnership (inasmuch as they know what they need/want at this table, and are willing to talk about it)
    - sources for health ambassador trainees
    - events and activities that the partnership can mount to reduce risk of stroke in specific populations and the community at large
    - sources of resources and funding, including various governmental and charitable sources the partnership could apply to
9. Set up communication channels for the group. These can include:
    - Regular meetings
    - Distribution of minutes from regular meetings
    - Email/phone list to be distributed to all members
    - Regular updates to group from participants in individual activities

Part V:

Recruiting and training health ambassadors

Recruiting potential health ambassadors
Training health ambassadors

Recruiting potential health ambassadors

In the initial phases of this project, stakeholders planned to recruit volunteers from the community at large to train as health ambassadors. It was expected that volunteers would choose a community or group that interested them, and implement an activity for that group. However, in real-life practice, these volunteers did not emerge in the numbers hoped for, and those that did step forward had a high ratio of "no-show" after the training. They also often chose activities that did not differ significantly from what is already being done by other agencies in the community.

The "highest-powered" health ambassadors were recruited from agencies, organizations and groups already oriented towards serving marginalized/high risk/underserved groups. They were staff, students and volunteers who took the health ambassador training to enrich their knowledge base and take the opportunity to design and implement activities based on their own experiences at the grassroots level. Their involvement with other groups/agencies provided a helpful support infrastructure for their ideas and their involvement, so they needed less "maintenance" than "independent" volunteers, and had a longer-term vision for how their stroke prevention activities could be used to encourage healthier lifestyles in the long term.

The ideal mix may be a combination, for the same reasons that a mix of groups and agencies in the stakeholder partnership creates the most energetic mix of different perspectives and resource pools.

The recommended approach to recruiting potential health ambassadors is to distribute copies of the Recruiting Flyers (available from http://www.selfhelp.on.ca/stroke/start-your-own.htm) to all stakeholders and have them canvass their connections for possible candidates, and refer any who are interested to one or two pre-designated "recruiters", who can give a consistent account of the health ambassador role and the training involved. It may be best to have the "recruiters" be the same people who will deliver the training workshops, to keep information consistent and accurate.

Use the Training Roster chart (available from http://www.selfhelp.on.ca/stroke/start-your-own.htm) to track contact info for people interested in the health ambassador training, and to track registration for the sessions you plan to offer. Send each registrant a Training Agenda (available from http://www.selfhelp.on.ca/stroke/start-your-own.htm).

In addition to having stakeholders canvass their connections for potential health ambassadors, consider distributing the Recruiting Flyers to local media and on bulletin boards at local hospitals, retirement homes, fitness facilities, and so on.

Training health ambassadors

The booklet, "Healthy Ways to Prevent Stroke in Your Community: A Facilitator's Guide", which is available for download from http://www.selfhelp.on.ca/stroke/start-your-own.htm contains most of what you need to run a training session for Health Ambassadors. Read it through, and download the two Microsoft PowerPoint presentations available at the same web address. (If your computer does not have Microsoft PowerPoint installed, you can download a free Microsoft program for displaying the slide show. Go to www.microsoft.com , search for PowerPoint Viewer and follow the instructions for downloading it.) These presentations differ slightly from the ones in the booklet, since they have been updated with new and additional information.

When choosing a location for health ambassador training, use the same considerations as described in the "Getting Together" chapter on choosing a meeting space for the initial stakeholders' meetings. The only exception is that at this point in the partnership, it is much more appropriate to use facilities belonging to one of the stakeholders, rather than seeking out "neutral turf". Indeed, space for training sessions is one of the resources a stakeholder might be able to contribute to the project.

When planning for a training session, include:

- Adequate copies of the "Healthy Ways to Prevent Stroke" booklet and Facilitator's guide for all participants
- A computer, and large monitor screen or computer projector to show the PowerPoint slides, OR an overhead projector with overhead transparencies of the individual PowerPoint slides
- Paper copies of PowerPoint slides for participants to take notes on
- Meeting Sign-In Sheet to capture name and contact information for all participants (available from http://www.selfhelp.on.ca/stroke/start-your-own.htm)
- Adequate copies of the Training Session Evaluation sheet (available from http://www.selfhelp.on.ca/stroke/start-your-own.htm) to gather feedback on the sessions

- Coffee, tea, juice, water, and whatever snacks/meal catering is appropriate for the timing of the sessions, as desired, with kettle, coffeemaker, plates, napkins and utensils if necessary. Don't forget milk/cream and sugar for the coffee and tea!
- Extension cords for electrical items, including computer/projector equipment and teakettle/coffeemaker
- Extra pens
- Extra whiteboard markers if the room has a whiteboard (important for the designing activities part of the session), and/or a flip chart and markers. If using a whiteboard, ensure that one member of the group transcribes material before it is erased, to keep a record of the activity plans and ideas.

Plan to do multiple training sessions, because interested people generally show up in "waves", as stakeholders locate new groups with interested members, or as word gets out during regular meetings of other organizations. A recommended approach is to do one complete training session per month; alternate between offering the training as a morning and afternoon event on one weekend day, and then next month offering it as a set of two consecutive evenings. This is best for working with trainees' various schedules.

Limit registration; the maximum number for comfortable discussion of potential activities is approximately 5 if you have one facilitator, and 10 if you have two facilitators who can split the group in half for that part of the training. A minimum group can be quite small; during Phase II, highly productive and energizing sessions were run with as few as two participants.

Plan to begin the session with an informal, unstructured 20-minute getting-to-know-you session. Learn about your health ambassadors' existing base of knowledge about stroke and stroke prevention. During one training session in Phase II, the volunteers were all health care workers who were more knowledgeable about the subject than the trainers! The trainers immediately modified the plan to quickly skim that portion of the curriculum, and focused instead on discussing obstacles to healthy lifestyles, and designing of stroke prevention activities. The two-night curriculum was collapsed into a single night, and the health ambassadors responded very positively to this demonstration of respect for their expertise and for their time. They channeled this enthusiasm into a high-energy and very creative activities-design session, and thanked the trainers for an enjoyable and stimulating evening.

Read the chapter on Designing and Running Stroke Prevention Activities – it contains helpful information on the second component of a training session, where participants practice choosing and planning a stroke prevention activity that matches their interests, abilities and needs.

Part VI: Designing and running stroke prevention activities

The right activity for the right person

Is it self-help?

Putting the pieces together

Promoting the activity: before, during and after

Learning together as you go

The right activity for the right person

In the second half of the health ambassador training, you help each volunteer choose/create/embark on a stroke prevention activity. This is the most interactive, and for most participants, most enjoyable part of the process. Stress to volunteers that this exercise is primarily for practice in designing and carrying out stroke prevention activities. They may choose to carry out the plan they make as part of this exercise, but if, after reflection, they change their minds, they can start again and choose something different.

Begin by discussing different temperaments, interests and talents. Some people enjoy public speaking. Some are horrified by the idea. Some want to set up a long-term running commitment. Some prefer a "one-shot" event or activity. All health ambassadors already have hobbies, interests, social connections and training that can be leveraged towards stroke prevention activities. One volunteer was extremely shy, preferring not to speak at all during the training sessions. In discussion she mentioned that she loved gardening. By the end of the activities design section, she was expressing interest in organizing a local chapter of the "Grow a Row" program, which invites local gardeners to donate a portion of their produce to the food bank, to enhance its supplies of fresh fruits and vegetables for emergency food program clients.

As well, take some time to have people think about what they hope to gain through their involvement with this project. One of the central aspects of self-help is that it also helps the "helper". Some participants are seeking experience that will help on a resume; some want an activity that will "get them out more", while others want something they can do in quiet time "behind the scenes" for personal fulfillment and relaxation. One participant wanted work experience that would let her explore the health promotion field and meet some practitioners. Some Phase II participants chose an activity (healthy cooking and healthy eating habits, weight loss, stress reduction) because it was something they wanted for themselves, and they liked the idea of pursuing it together with others. Emphasize to participants that there is nothing wrong in bringing their own needs to an activity; on the contrary, activities work better when they align with the health ambassador's own needs.

Some ways to spark ideas for stroke prevention activities include:

- Give examples of activities that were done in Phase II of this project (see http://www.selfhelp.on.ca/stroke/activities.htm)
- Give examples of pre-prepared programs and activities available through http://www.selfhelp.on.ca/stroke/resources.htm
- Ask if there is an area of stroke prevention (exercise, weight loss, healthier eating, smoking cessation) that they would like to explore with some co-workers, or neighbours, or members of their religious or social groups
- Suggest enriching an existing activity with a stroke prevention element, such as organizing a healthy-cooking potluck at a regular social group gathering, or offering a healthy lifestyles seminar to parents while their children attend hockey practice or soccer practice
- Turn the question around and ask what specific obstacle is preventing the health ambassadors and/or a population they are concerned about from living healthier lifestyles, and invite them to come up with a strategy to address that

Is it self-help?

The trainer should provide guidance at this point, to help health ambassadors craft an activity that truly utilizes the principles of self-help. The object of this partnership is to create solutions and approaches that are complementary to and different from the stroke prevention efforts that are already happening in the community. And if they are not based on self-help principles, they lose out on the power of this approach. As Health Ambassadors put together ideas, ask the questions:

- Is it based on grassroots experience with or input from the group the activity will involve?
- Does it invite participation and "buy-in" from the people it is targeted at?
- Does it recognize and/or specifically address one or more of the obstacles that prevent them from living healthier lives?
- Does it enable them to do something they might not be able to easily do otherwise? Or to hear information that is tailored to their realities and their priorities?
- Does it promote long-term healthy change?

Putting the pieces together

Once a health ambassador has an idea for an activity, begin collecting the group's ideas about what materials are required to bring it about, and how they could be obtained. Draw on participants' experience with obtaining resources for any other group effort, from charity auctions to company picnics. Decide how resources might be obtained for low or no cost, or from where they could be borrowed or donated. If participants cannot source a particular item, take the question to the next stakeholder meeting to see what might be located through their networks.

Also discuss how to recruit community participants to the activity, and how to evaluate the effectiveness of the activity. Some activities can be evaluated in terms of number of attendees, some in terms of long-term participation by a few attendees, some by attendee response – take the time to decide what will be the standard for "success", and what mechanism will be used to evaluate it. The mechanism need not be too formal or elaborate – it may be as simple as an "exit poll" of participants, or a head count, or a count of the number of pieces of fruit purchased from the "healthy snack" bowl set up on an employee's desk. If the activity does not have a set, finite life span, decide when the first evaluation of its effectiveness will take place – in three months? In six?

Part of the work of the stakeholder partnership is to support and guide the health ambassadors in their activities. Ideally, each health ambassador should have a "sponsor" in the stakeholder group who can connect them to the resources offered by that group, from expertise to networks to anything else that will enable an activity to go ahead. For example, a health ambassador could ask for a health promotion agency to supply a nutritionist to talk to a mothers' group about encouraging healthy eating habits in children. Another health ambassador could ask the partnership to seek possible sources of funding for sports equipment for low-income and marginalized youth.

When the activity has been planned out, and the sourcing for the materials/facilities/etc. required has been resolved as much as possible, have the volunteer fill out an Activity Planning/Follow-up Sheet (available from http://www.selfhelp.on.ca/stroke/start-your-own.htm) to be brought before the next meeting of the Stakeholder group. This is largely as an FYI for the group, but if there are outstanding resource questions, then the group's support can be enlisted to solve the problem.

If the activity requires resources to be transferred to the Health Ambassador, then use the Signoff sheet for Resources Received (available from http://www.selfhelp.on.ca/stroke/start-your-own.htm) to document the fact.

Promoting the activity: before, during and after

First, decide whether this activity would benefit by advertising and/or media coverage.

Advertising

You can use advertising as part of drawing in participants for your activity – it may be appropriate for some activities (e.g. a stretching class for seniors, or a walking group at work) but not appropriate for others (e.g. a healthy living seminar in an elementary school classroom). Advertising can be:

- Flyers posted on bulletin boards at work, at school, in the grocery store or other places
- An email distributed to potential participants
- A note in an organization's newsletter, or a recreation centre's program flyer, or a church bulletin, etc.
- A posting on an organization's website
- An advertisement in a local newspaper or broadcasted by a radio station or community TV channel

Advertising does not need to be expensive. Note that many of these forms of advertising are free, or very low-cost.

Media Coverage

You may seek media coverage for a number of reasons:

- As another way to draw in participants for the stroke prevention/healthy lifestyles activity.
- As a way of publicizing the sorts of activities your agency or organization is involved in.
- To promote the stroke prevention/healthy lifestyles activity to a wider community, as part of encouraging other groups/individuals to start similar activities.
- To increase coverage and awareness of the issue of stroke and the importance of healthy lifestyles, as part of a long-term strategy to build momentum on stroke prevention in your community.

- As fodder for your efforts to secure more funding and support for the work your organization is doing.

Prepare your "spiel" before picking up the phone. Think ahead about what makes your activity different or interesting. Are there any aspects of it that are uniquely "local"? For example, have you found a way for local seniors to exercise in spite of your area's severe winters, or does your good food box program offer an outlet to local farmers for their produce?

Call your local health unit or Heart and Stroke Association to find out some statistics on stroke and health status in your area. You may be able to perk a journalist's interest by pointing out how many people are killed or disabled by stroke in your community every year, and how that compares to the provincial/national average. Does your community have a significant representation of any higher-risk demographics (smokers, seniors, overweight people or diabetics)?

Think about any photo opportunities your event offers. Photographers prefer active, "human interest" shots – point out any that your event is likely to have, such as children competing in a bicycle safety rodeo, or teens preparing a meal at a healthy-cooking class, or seniors enjoying a step-dancing class.

Consider enlisting a local celebrity or political figure to make an appearance for a photo opportunity – photographers might come out to see such a person having his/her blood pressure taken at your blood pressure awareness event, or trying out a yoga pose at an exercise promotion event at the mall.

Prepare multiple copies of a press kit, which has information on your event, its organizers, its sponsoring agency (if any), the Self-Help Resource Centre, and any statistics you can gather about stroke and stroke risk factors in your community. See the Sample Presskit (available from http://www.selfhelp.on.ca/stroke/start-your-own.htm) for some example material.

As well, seek your media coverage as far ahead of the event as possible. This gives the journalist time to plan to attend your event, research the story and book a photographer if appropriate.

To seek coverage from a newspaper, go through a week's worth of issues and note the names of any reporters who have done stories on events/issues related to yours. Also check for any columnists who focus on areas (sports, seniors, nutrition, children, family matters, health, etc.) related to your activity. Decide who to speak to first – you do not want multiple journalists working up competing stories in the same paper. Then call the paper and ask to speak to the person you have chosen.

To seek coverage from a local radio or TV station, call and ask for the newsroom. Be ready to describe how your event is interesting to that station's audience. Is it a "local" story? In larger centres, does it concern a particular age group or cultural group that is part of that station's audience?

Magazine coverage can be difficult to arrange because many magazines put together their issues up to six months in advance. So, your summer event may be interesting, but since the magazine is currently working on their midwinter issue, the coverage might not appear until next summer. Or the story may be crowded out by competing stories. But consider approaching a magazine anyway, if you feel that your event merits their attention.

Learning together as you go

Evaluating a stroke prevention activity

You work hard to set up and run an event; by evaluating it afterwards (or when the decided-on evaluation period has passed) you capture all the things you have learned for the next effort. Evaluation can be a ticklish process; it's hard to open your work to criticism, especially when the activity was your first attempt at doing something that had never been done before.

Approach evaluation with a positive outlook -- think of it as an opportunity to capture and repeat the things that worked very well, and to improve or expand the areas that might not have been as good as you would have liked. And, in some cases, to accept that nobody can control every aspect of an event. Maybe your healthy-living seminar coincided with the worst storm of the entire winter, and nobody was able to come. Maybe a fire drill disrupted the delivery of a healthy-living talk to schoolchildren and cut your time in half. These things happen.

The first and best place to start collecting evaluation information is from your participants. Make the filling out of a short questionnaire part of the activity, or consider posting someone to informally chat up people who are looking at the display or watching the demonstration, and collect their impressions. You can improve response rates to a written questionnaire by offering a small incentive – a small giveaway item, or a raffle ticket to win a larger item.

The difficult part is deciding what to ask your participants. It's unlikely that someone will come to your healthy-cooking seminar, and successfully swear off all junk food for the rest of their lives right on the spot. But, your seminar may plant the seed for them to make small but significant dietary changes over the rest of the year. On the day of the event, it's hard to know exactly what long-term effect it will have. So, consider asking your participants questions that they can definitely answer that very day.

For an event where you were mostly distributing information, consider questions like:

- Are there any health-related changes you would like to make in your life? What are they?

- What did you like best about the information presented? What did you like least? Is there anything you would like to see changed?
- Was the information presented in a way you found useful? Easy to understand? Interesting?
- Was there anything you would like to see changed about the presentation?

Where the activity was largely participatory (e.g. a walking group), consider questions like:

- Did you enjoy the activity?
- Has it helped you make healthy changes in your life?
- What would you change about the activity?

And in all cases, be sure to gather feedback on the location and timing of the event:

- Was this time of day/day of week good for you? Would you prefer something different?
- Was the location comfortable? Easy to get to?

Combine the input from your participant responses with feedback from the health ambassador(s) who ran the event. What did they find worked well? What did not work as well, and could be changed? What items/activities/information really seemed to capture the audience? Consider collecting this feedback at a post-event celebration that thanks health ambassadors and other contributors for their work on the activity.

Assemble and summarize the collected feedback onto the second sheet of the Activity Planning/Follow-Up form (available from http://www.selfhelp.on.ca/stroke/start-your-own.htm), and add it to the collected records of the Self-Help Partnership group. Also consider transmitting it to the Self-Help Resource Centre, for the use of anyone in another community who is contemplating a similar activity/event.

Evaluating your Self-Help Partnership

It is also very important to evaluate how well your Self-Help Partnership is fulfilling its job of creating a matrix for problem-solving and implementing solutions beyond the capability of any one agency/group, and whether the participating groups are finding the experience beneficial. Plan to devote a meeting to evaluating your partnership, either near the end of the period set for its initial term, or on a regular basis to be agreed on by the group.

Consider asking questions such as:

- What has the Partnership accomplished towards creating solutions and implementing approaches for the problem that first brought it together?
- What has made these solutions/approaches different from those implemented by individual agencies or groups in the past?
- Have leadership, responsibilities, and risks been shared between members? (Remember that shares will not be equal, since different groups can contribute different resources in different amounts.)
- Have conflicts or ongoing issues been constructively dealt with?
- Have the parties involved gained benefits through their participation in this partnership?
- What changes need to be made to make the Partnership more effective for both the populations it serves and the groups/agencies involved?

Remember that the Self-Help Resource Centre offers active help and support for Self-Help Partnerships seeking to improve their capabilities/structure, and/or to resolve difficult issues.

Part VII: Sustaining the momentum

Long-term vitality in partnerships between Community Organizations and Health Agencies

Keeping and increasing the level of health ambassador activity

SHRC can help

Long-term vitality in partnerships between Community Organizations and Health Agencies

There are many reasons for working to keep your Self-Help Partnership vital. If it becomes a "back-burner" commitment that only comes alive for one meeting every so often, then you lose out on the ongoing networking that can be happening between participants in between meetings. A successful Partnership results in participants thinking of each other as valuable day-to-day resources as they work to fulfill their individual mandates. Groups can find synergies and economies by co-operating even outside the activities of the Self-Help Partnership.

As well, if the Partnership is not kept "lively", then the effort to come up with truly unique, community-tailored approaches becomes more difficult, and less likely to be effective.

That being said, a lively, vital Self-Help Partnership does not need to consume excessive amounts of attention from participants. This model recognizes that they have their own work to do, and their own issues to deal with. Some tactics for keeping the Partnership energized and as effective as possible include:

- Issue regular communication bulletins between meetings that update participants on how activities are progressing, how the target groups involved have responded, and what community factors/events are affecting the situation in general. This task can be shared between participants so that it need not be too much of a burden for one individual/group.

- Structure the meetings to be as inviting and enjoyable as possible. Consider potluck suppers, or unusual venues, or any other factors that can set them apart from the usual run of "meetings, meetings, meetings" that most people must attend. On the one hand, it is not appropriate to waste participants' valuable time with trivial activities or add-ons. But on the other, do some work to find out whether they might prefer, or at least on one occasion enjoy, a working breakfast, or a rural retreat, or a potluck dinner meeting, or any other angle that might make the get-togethers as refreshing and positive as possible.

- Encourage participants to put forward new potential partners. This will keep the Partnership evolving and give it regular infusions of new viewpoints and new resources. It is impossible to anticipate what groups might step forward to request membership in the group, or ask for assistance with an activity compatible with the group's work. Decide in advance how new members should be added to the Partnership, and how often.

- As described above, be sure to hold regular evaluations of how the Partnership is working, and how it might be improved. Participants will only remain committed if they feel that their voices are being heard, and that the work of their groups/organizations is being made easier/more effective through membership in the group.

Keeping and increasing the level of health ambassador activity

Encourage Partnership stakeholders to make health ambassador recruitment an ongoing activity. They should be constantly on the lookout for opportunities to enrich a student's placement through involvement in an activity, or to carry a staff member's work in one area into a broader population. Encourage experimentation, and seek opportunities to enrich the work of a talented volunteer by offering Health Ambassador training and letting them work a stroke prevention element into their existing activities.

As well, be sure to recognize the work of all Health Ambassadors, whether they originate as volunteers, students or staff. Where appropriate, make sure that the work is noted on their files and reflected in evaluations of their performance. Encourage them to bring family, friends and associates into the effort as volunteers, and schedule regular Health Ambassador training for those emerging volunteers.

SHRC can help

The SHRC can help you sustain the long-term vitality of your Self-Help Partnership for stroke prevention. Be sure to keep them informed of your Partnership's activities, and do not hesitate to contact them for help with the effort to "keep the ball rolling". It is not an easy thing to maintain a self-help group as a unified, effective entity over time, but the rewards for doing so will be tremendous.

The SHRC can also help when a Partnership runs into difficulties. Self-Help Partnerships are at their most effective when they bring together a diverse set of agencies and organizations, but this very diversity can occasionally give rise to problems in communicating and co-operating, as various groups struggle to adapt to others that use a different organizational structure, communication style, or working approach to the job of problem-solving. Do not let a small issue endanger the cohesion of the Partnership.

And finally, the SHRC can act as a resource for sharing the lessons learned by one Partnership with other Partnerships working to solve the same problems. By communicating your experiences to the SHRC, you add to the storehouse of lessons learned and ideas created, and enrich the resources we can offer both to you and to others.