



# Community Health Worker Training Manual HEART FAILURE



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## **SECTION 4: HEART FAILURE**

### ***(Supplement to self-management core training)***

#### **Summary:**

The purpose of CHART is to improve the quality of care delivered to low-income heart failure patients and improve the patients' ability to maintain health-related recommendation. This multi-level intervention attempts to reengineer the relationship between the doctor and the patient. CHART will inform the doctor if the patient is not receiving evidence-based treatment and provide appropriate recommendations. The patient will receive a culturally sensitive intervention by Community Health Workers (CHWs) to help the patient improve medication adherence and salt reduction. By providing an intervention to both the patient and the doctor, we aim to reduce the number of days patients are hospitalized. The purpose of CHART is to keep heart failure patients healthy and out of the hospital.

#### **Remember:**

- Integrate self-management skills into each lesson.
- Self-management skills and content delivery require practice. Make sure that at the end of each day, trainees make a change plan for themselves using the self-management skills to address their own challenges. This plan may or may not involve the disease-specific content area.
- Be sure to review the change plans and disease-specific content areas when sessions resume.

<b>Heart Failure Topic</b>	<b>Time Needed</b>
Introduction to Heart Failure	1 hour 45 minutes
Medications	2 hours 10 minutes
Medication Adherence & Problem-Solving	3 hours 25 minutes
Sodium & Food Label Reading	1 hour 35 minutes
Community Resources	1 hour 45 minutes
Get Walking	1 hour
Reduce Stress	2 hours
Heart Failure & Depression	50 minutes

## ***Lesson 1: Introduction to Heart Failure***

### **Lesson Objectives**

By the end of this session, the trainee will be able to:

1. Explain heart failure using simple terms
2. Identify heart failure symptoms
3. Identify the 3 CHART Rules to manage heart failure
4. Check heart rate

### **Estimated Time Required**

1 hour 25 minutes

### **Documents**

1. *Introduction to Heart Failure* in trainee manual (provided upon request)
2. CHART Participant Manual (provided upon request)
3. What Can You Do handout (provided upon request)
4. Body diagram (provided upon request)
5. YouTube video: 3D Medical Animation – Congestive Heart Failure

### **Materials**

Computer with internet access and projector

1 and 2 gallons of water

## Lesson Overview

<b>Activity</b>	<b>Topic</b>	<b>Recommended Method(s)</b>	<b>Estimated Time</b>	<b>Documents/ Materials</b>
1	How the Heart Works	Facilitator Presentation, 	5 minutes	-Computer -Internet Access -Projector -YouTube video
2	What is Heart Failure?	Facilitator Presentation 	20 minutes	- <i>What Can You Do</i> handout -Body diagram visualization
3	Living with heart failure	Brainstorming, Discussion 	30 minutes	
4	Heart Rate	Facilitator Presentation, Activity 	20 minutes	-1 gallon of water -2 gallons of water
5	Review of Main Messages	Review 	10 minutes	

## Content

### 1. How the Heart Works

Play YouTube video:  
3D Medical Animation – Congestive Heart Failure  
Biodigital Systems <http://www.youtube.com/watch?v=GnpLm9fzYxU>



### 2. What is heart failure?

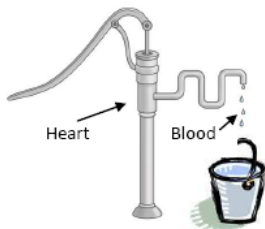
Review *What Can You Do?* in the CHART participant manual. This workbook page provides an overview of how the heart works and how to self-manage congestive heart failure. Explain each column of the workbook page emphasizing why this information is important for people learning how to manage their condition.



*What Can You Do?*

**Problem:** *Your heart is a pump. Heart failure means your heart pump is weak. Your heart struggles to pump enough blood out through your blood vessels (arteries and veins) to keep you alive.*

**Example:** *Your heart is like a weak water pump. A weak pump can't force out enough water to fill a bucket. Your doctor is like a plumber who is called to fix the pump.*



#### **Symptoms (of Heart Getting Weaker):**

- *Rapid weight gain (3 pounds in 1 day or 5 pounds in 1 week)*
  - Rapid weight gain is the #1 warning sign that the heart is getting weaker. This will not occur in ALL patients, but most patients will be able to observe rapid weight gain before the onset of other symptoms. We encourage patients to weigh themselves every morning at the same time and record their weight. If patients are unable to do this on their own we suggest they ask a social support to assist.
- *Shortness of breath*
  - A common sign of shortness of breath is when a patient uses more pillows than normal to sleep.
- *Feel like drowning inside*

- Tired all of the time
- Swelling in hands, feet, or stomach


When working with patients ask them what symptom they feel most often. It is more important that patients are able to recognize their own symptoms of heart failure than to “know” all of the symptoms of heart failure.

**Solutions (3 CHART Rules):**

1. *Take medications as prescribed by the doctor (see Lesson 2: Medications and Lesson 3: Medication Adherence and Problem-Solving for more details).*
  - Explain the purpose of each heart medication.
  - Teach the patient about the importance of taking the correct dose at the correct time every day.
  - Discuss strategies on how to organize medication.
  - Discuss strategies on how to obtain refills and remember when it is time to call the pharmacy to refill a medication
  - Encourage patient to bring all of their medications to their doctor’s appointment so the doctor knows exactly what the patient is taking.
2. *Eat less salt (see Lesson 4: Sodium and Food Label Reading for more details).*
  - Help patient identify foods high in sodium and low in sodium.
  - Teach patients how to identify lower sodium foods by reading food labels and using the CHART Sodium Rule. Only eat foods with less than 300mg of sodium per serving.
3. *Weigh yourself every day (see Lesson 2: Medications for more details).*
  - Demonstrate how to properly weigh yourself using the patient’s scale (if conducting a home visit). Encourage patient to weigh themselves every morning as part of their morning routine.
  - Encourage patient to contact someone from their health care team if they observe rapid weight gain.
  - Teach patient how to track their weight using a weight log.

Month: \_\_\_\_\_

Sun	Mon	Tues	Wed	Thurs	Fri	Sat



- Encourage patient to bring their weight log to their doctor's appointment. The doctor can better assist the patient with this additional information.

### 3. Living with Heart Failure

Brainstorm: How is life different for someone who has heart failure than someone who does not? (Think about how life is different for someone who lives with a chronic disease.)



- Takes a lot of medication
- Has to rest more
- Symptoms can make it hard to do everyday chores or activities
- Not able to participate in some of the activities they use to do before they were diagnosed

Brainstorm – How will different people respond to having heart failure?



Potential responses:

- Denial
- Angry
- Depressed
- Concerned
- Eager to learn more information about HF

Discussion – How a person responds to having heart failure may impact how you choose to approach the patient.

### 4. Heart Rate

Demonstrate and teach CHWs how to check their own heart rate by taking their pulse.



Demonstration: Show 1 liter bottle

- The heart pumps 5 liters of blood every minute
- It beats about 100,000 times a day

Activity

- Two volunteers walk back and forth for a couple of minutes.
- One of the trainees has to hold 2 gallons of water while walking.
- Compare to see who has the higher heart rate.



- The more weight your body has to carry around, the harder your heart has to work.
- Explain that when heart failure patients retain water, their heart has to work harder to carry the extra weight.

5. Review Main Messages

- Overview of topic
- Review major themes and takeaway points
- Check for understanding
- Answer any questions





## ***Lesson 2: Medications***

### **Lesson Objectives**

By the end of this lesson, the trainee will be able to:

1. Name 3 types of heart failure medications
2. Explain the purpose of heart failure medications
3. Identify warning signs of worsening heart failure

### **Estimated Time Required**

2 hours 10 minutes

### **Documents**

1. Heart Failure Medications in trainee manual (provided upon request)
2. Laminated Metaphor Cards (provided upon request)
3. CHART Program Manual (provided upon request)

### **Materials**

Industrial sponges

Wide straws

Coffee stirrers

Heart sounds CD and CD player

## Lesson Overview

<b>Activity</b>	<b>Topic</b>	<b>Recommended Method(s)</b>	<b>Estimated Time</b>	<b>Documents/ Materials</b>
1	Water Pill (Diuretic)	Facilitator Presentation, Role play 	30 minutes	-Weight CHART -industrial sponge
2	Widening Pill	Facilitator Presentation, Role play 	30 minutes	-wide straw, coffee stirrer
3	Stress Blocker Pill	Facilitator Presentation, Activity, Role Play 	30 minutes	-heart sounds CD -CD player
4	Warning Signs	Facilitator Presentation 	30 minutes	
5	Review of Main Messages	Review 	10 minutes	

## Content

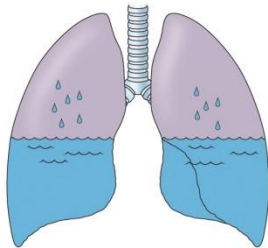
The following heart medications are explained through the use of four categories: 1) problem; 2) example/metaphor; 3) symptoms; and 4) solution(s). This information should be taught to the trainees as the trainees will teach the patients. The forms can be found in the patient manual entitled "Living with Heart Failure". We use enlarged laminated color copies of the patient manual to teach patients about their medications.

### 1. Water Pill

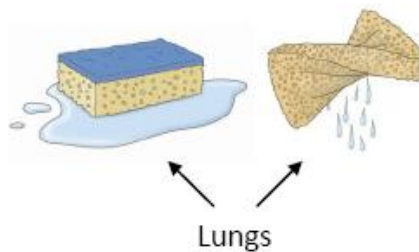


Technical Name: Diuretic

**Problem 1:** *A weak heart struggles to pump blood forward, but the heart cannot keep up. So fluid backs up into the lungs.*



**Example:** *Your lungs are like a sponge. When a sponge fills up with water, it becomes heavy. You have to squeeze out the extra water to use the sponge again.*



**Symptoms (of Fluid in the Lungs):** *Drowning inside, shortness of breath, need more pillows than usual to sleep, hacking cough*

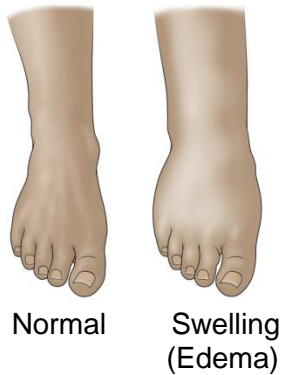
When working with patients ask them what symptom they feel most often.

**Solution:** *The water pill squeezes out the extra water in your lungs.*

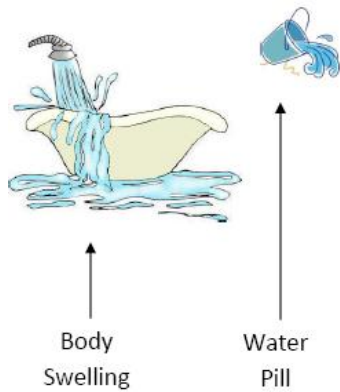
How does the patient identify which pill is their water pill. When working with patients ask them:

- Drug name
- Pill color
- Pill shape
- Dose

**Problem 2:** *A weak heart cannot pump enough blood to the kidneys. This puts the body under stress and the kidneys respond by holding on to salt and water. This causes swelling (edema).*



**Example:** *Swelling in the body is like a bathtub that is overflowing. Your water pill is like a bucket bailing out the extra water. Eating too much salt pours more water into the tub.*



Eating salty foods, processed foods, and fast foods is like pouring water into a tub that is already clogged and full to the rim.

**Symptoms (of Fluid in the Body):** *Rapid weight gain (3 pounds in a day or 5 pounds in a week), ring does not fit, shoes too tight, ankles swell, pants too tight.*

When working with patients ask them what symptom they feel most often.

### **Solutions:**

- *The water pill gets rid of the extra water in your body*
- *Eat less salt*
- *Weigh daily*

### Side Effects of Water Pill

One reason people do not want to take their medication is because of the side effects. These include:

- Dizziness
- Weakness
- Abdominal or muscle cramps

It is important for the patient to understand the difference between medication side effects and heart failure symptoms.

### Medication Adherence Issues

Patients are often reluctant to take their “water pill” as prescribed because it causes frequent urination. We will discuss this issue in more depth in the Medication Adherence section.

- There is a common belief that the “water pill” will damage a patient’s kidneys. The CHW can inform the patient that their doctor should be monitoring their renal function from time to time to make sure their kidneys remain healthy.

### Role play

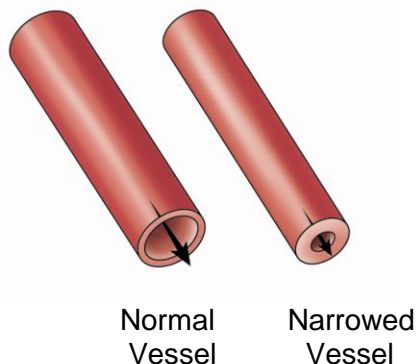
Practice teaching each other about the water pill in pairs.



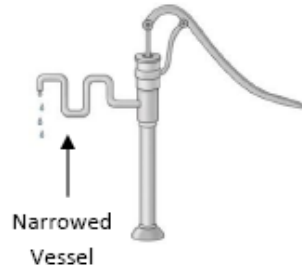
## 2. Widening Pill

**Problem:** *Heart failure, especially with high blood pressure, narrows blood vessels. This causes the heart to work harder to pump blood through the narrowed vessels.*

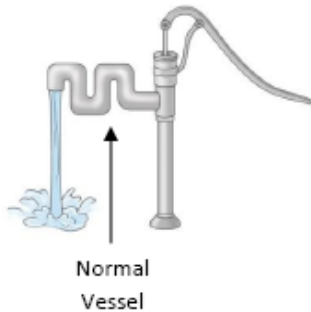
Blood vessels become narrowed because of old age, heart disease, and high blood pressure.



**Example:** *Your blood vessels are like pipes. Skinny pipes restrict water flow.*



*Wide pipe increase water flow. Better water flow means less work for the pump.*



**Symptoms (or Narrowed Vessels):** *Tired all of the time, cold feet or fingers*

When working with patients ask them what symptom they feel most often.

**Solution:** *The widening pill widens blood vessels to improve blood flow.*

How does the patient identify which pill is their widening pill. When working with patients ask them:

- Drug name
- Pill color
- Pill shape
- Dose



Notes: Drug categories include ACE Inhibitors, ARBs, and other vasodilators. People either take an ACE Inhibitor or an ARB, but not both. Patients will often refer to this medication as their “blood pressure” medication.

### Side Effects of Widening Pill

One reason people do not want to take their medication is because of the side effects. These include:

- Rash
- Dizziness that does not go away
- Swelling of face, mouth, hands, feet
- Trouble breathing or swallowing

It is important for the patient to understand the difference between medication side effects and heart failure symptoms.

### **Additional Metaphor:**

We use straws to show the difference in the size of blood vessels on the medication and off the medication. A large straw that is used for drinking a milk shake or large ice coffee at Dunkin Donuts is the visual for blood vessels on a “widening pill”. A coffee stirrer is the visual we use for patients who have heart failure, but are not on a “widening pill”.

From experience working in the community, the straws play into another metaphor. We tell patients to pretend that they want to drink a delicious thick milk shake. They can use one of the two straws, which one would they choose. The larger straw obviously would make that task much easier than the coffee stirrer.

### Role play

Practice teaching each other about the widening pill in pairs.

### 3. Stress Blocker Pill



**Problem:** *The weak heart struggles to pump blood forward. This puts the body under stress. The brain responds by making the heart beat faster.*

Play heart sounds for trainees so they can hear the difference in pace. The healthy heart is a strong beat while the heart failure heart is fast and soft sounding

### Heart Sounds

“Lub Dub” (Healthy Heart)



“Kentucky” (Heart Failure)



We teach the trainees to mimic the sounds of the heart as a medical student learns in school. “Lub Dub” is a strong low beat. “Kentucky” is a quick short beat. The trainees teach this to their patients since they are unable to play the heart sounds in patient homes.

**Example:** *A body with a weak heart is like a stressed guy trying to pump water. His stress makes him pump fast and in a hurry, but his short stroke causes the water to dribble out.*



*If he relaxes, he can pump strong and slow and the water will flow.*



**Symptoms:** *Racing heart, Heart rate faster than 25 beats every 15 seconds*

When working with patients ask them if they ever feel like their heart



is racing. You can teach the participant how to check their pulse during times they feel their heart is racing.

**Solution:** *The stress blocker slows down and strengthens the heart beat, reducing the hearts work.*

- Reduces the heart's work
- By slowing down the heart, blood can fill the heart and then forcefully push all of the blood out through the blood vessels

How does the patient identify which pill is their widening pill. When working with patients ask them:

- Drug name
- Pill color
- Pill shape
- Dose

Notes: The technical name is Beta Blocker.

#### Side Effects of Stress Blocker

One reason people do not want to take their medication is because of the side effects. These include:

- Dizziness that does not go away
- Fatigue
- Asthma

It is important for the patient to understand the difference between medication side effects and heart failure symptoms.

#### Medication Adherence Issues

- Some Beta Blockers such as Lopressor and Coreg are only effective for 12 hours. Sometimes patients prefer to take two doses at one time because it is easier to remember. Encourage CHWs to bring these questions to a physician so they can best help the patient understand why it is important to take the medication as prescribed.
- A common complaint is that people feel dizzy because the medication lowers their blood pressure. Side effects are most common when a patient first starts the medication. If possible, the patient should try to stay on the medication for a couple of weeks. If the side effects are too great then encourage your patient to contact their health care provider immediately for suggestions. Patients should not go off their medications without informing their health care provider.

#### Role play

Practice teaching each other about the stress blocker in pairs.



#### 4. Warning Signs



Patients must learn how to identify when their heart failure is getting worse. Many symptoms experienced by patients are not recognized as early warning signs.

For example, if a patient is experiencing difficulty breathing, s/he may add a couple of pillows to their bed to help them sleep and breathe easier. This may be a sign that the heart is getting worse.

Patients often wait until they feel that they cannot breathe and go to the emergency room. In efforts to prevent this situation, we teach patients how to identify their symptoms and when it is appropriate to contact their health care team. We provide scales for all of our patients so they can notice rapid weight gain. This is the most common warning sign, but not everyone needs to experience rapid weight gain to experience symptoms of heart failure.

It is extremely important the trainee identifies with each patient the symptoms experienced by the patient.

How do you know when your heart failure worsens?

- #1 Warning Sign
  - Gain 3 pounds in 1 day or 5 pounds in 1 week
  - Rapid weight gain often occurs before other symptoms are experienced
  - Contact health care team if you experience rapid weight gain. Help the patient identify who from their health care team they can contact if experiencing heart failure symptoms. Encourage patients to build a relationship with at least one member of their health care team. This also includes building a relationship with the pharmacist.
  - Demonstrate how to use a weight log to record daily weights. Encourage patients to bring their weight log to their doctor's appointments.
  
- Common warning signs:
  - Rapid weight gain
  - Shortness of breath
  - Feel like drowning inside
  - Tired all the time
  - Swelling feet, hands, or stomach

#### 5. Review Main Messages

- Overview of topic
- Review major themes and takeaway points



- Check for understanding
- Answer any questions

## ***Lesson 3: Medication Adherence & Problem-Solving***

### **Lesson Objectives**

By the end of this lesson, the trainee will be able to:

1. Understand the importance of medication adherence
2. Identify problems and solutions for taking medications as prescribed
3. Use problem-solving as a tool to help trainees find solutions.

### **Estimated Time Required**

3 hours 25 minutes










### **Documents**

How to problem solve

### **Materials**

Large flip chart and/or whiteboard

## Lesson Overview

<i>Activity</i>	<i>Topic</i>	<i>Recommended Method(s)</i>	<i>Estimated Time</i>	<i>Documents/ Materials</i>
1	Importance of Medication Adherence	Facilitator Presentation, Brainstorming, Discussion 	30 minutes	
2	Barriers to taking Medications	Brainstorming, Discussion 	20 minutes	Large flip chart and/or whiteboard
3	Problem-Solving	Facilitator Presentation 	75 minutes	How to Problem-Solve
4	Applying Problem-Solving Techniques	Role Play, Discussion 	30 minutes	
5	Improving Medication Adherence	Brainstorming 	10 minutes	
6	Decision Making	Role Play, Discussion 	20 minutes	Large flip chart and/or whiteboard
7	Partnering with Hospitals and Clinics	Facilitator Presentation 	30 minutes	
8	Doctor Visits	Facilitator Presentation 	10 minutes	
9	Review of Main Messages	Review 	10 minutes	

## Content

### 1. Importance of Medication Adherence



37% of patients are not taking at least 80% of their prescribed medications for heart failure (HART)

Brainstorming/Discussion



*Why is it important to take your heart medications?*

Some reasons include:

- Helps strengthen your heart
- Keep you out of the hospital
- Reduce symptoms
- Make you feel better
- Improve your quality of life



*What can happen if you don't take your heart medications?*

Some reasons include:

- Increases likelihood of experiencing heart failure symptoms (e.g. shortness of breath, swelling)
- Your heart will get weaker
- Your heart does not receive the help it needs to pump blood throughout your body
- If your symptoms worsen, you will have to go to the ER or possibly be admitted to the hospital
- Your condition will continue get worse instead of remaining stable

Define “medication as prescribed”

- Taking the exact dose of medication the doctor prescribed. This includes taking the medication the number of times per day the doctor ordered and at the time of day the doctor ordered.

### 2. Barriers to Taking Medications as Prescribed



Brainstorming/Discussion

*What are some reasons people may not take their medication as prescribed?*



Allow the group to brainstorm and write all ideas on the white board.

Some reasons include:

- Money
- Transportation to doctor to get prescription
- Transportation to pharmacy to pick up medication
- Side effects
- Forgetfulness
- Patient takes too many pills
- Doesn't understand why they need to take the medication
- Lack of trust of the medical community

### 3. Problem-Solving

**Please see the Problem-Solving lesson in the Self Management section on page 18.**

Note: Sometimes the hardest part of problem-solving is identifying the problem.

For example, if a patient is not taking their medication there are many potential reasons. If the patient is unable to articulate “why” then the CHW should probe the patient. In our experience, when the CHW engages in conversation and does some detective work the problem ultimately unfolds.

### 4. Applying Problem-Solving Techniques

Role Play

Trainees can work in pairs. One person plays the role of the CHW and the other person plays the role of the patient. You can use the problems identified while brainstorming for *Section 2: Barriers to Taking Medications as Prescribed* activity.

After role playing for 5-10 minutes, regroup and discuss what was learned. What were some of the challenges in applying the problem-solving technique? What worked well in applying the problem-solving technique?



### 5. Improving Medication Adherence

Brainstorm: What are different ways we can help participants to remember to take their medications?

- Pill box
- Placement of pill box
- Set alarm for medication times
- Keep a schedule by the pill box



- Keep a calendar for refill dates
- Contact pharmacy several days before prescription is out

6. Decision Making

Model how CHWs can work with patients to discuss the benefits and limitations of engaging in a specific behavior.



On the white board draw two columns. On one side write “Reason for Change” and on the other side write “Reason not to Change”. Choose a specific behavior that you are thinking about engaging in.



For example, a patient may not have their medications because they did not go to their doctor’s appointment to pick up the prescription. The decision the patient made was to not go to the doctor visit. The CHW helps the patient identify the benefits of the decision made (not going to the doctor visit) and the benefits of making the opposite decision (going to the doctor visit). This approach allows the patient to objectively view both sides of the decision. This does not mean that the patient will automatically change their decision, but at least they will be aware of the pros and cons.

This exercise can also be used when patients are reviewing their action plan and having difficulty cultivating the motivation to engage in the behavior identified on the action plan.

<p><b>Reason for Change</b></p> <p>(Go to the doctor visit)</p>	<p><b>Reason Not to Change</b></p> <p>(Skip the doctor visit)</p>
<ul style="list-style-type: none"> <li>• Pick up new prescription</li> <li>• Get checked by medical provider</li> <li>• Know it’s what I am suppose to do</li> <li>• Feel better when I take my medication</li> </ul>	<ul style="list-style-type: none"> <li>• Dislike waiting hours for my visit</li> <li>• Dislike public transportation</li> <li>• Feeling okay without my medications</li> </ul>

7. Partnering with Hospitals and Clinics

In efforts to better assist our patients, we have taken the time to learn how our partner clinics/hospitals function. This helps the trainees assist patients in scheduling doctor appointments, using mail order systems,





contacting the pharmacy, and provides an overall awareness of public services available for low-income populations.

For example, at one of our partner institutions, there is an existing heart failure program that connects the clinic with the pharmacy. After a clinic visit, the patient brings their pill organizer to the pharmacy. The pharmacist fills the pill organizer and then reviews the medications with the patient. We encourage our CHWs to help patients find additional support within their health care setting or community so when the CHW disengages there are systems set up to support the patient in successfully self-management of their condition.

Important areas to get more information from your partner sites:

- Social services
  - Is there a social worker for the clinic or hospital to contact?
  - What programs are available to help patients pay for their medications?
  - What services can a social worker provide when the patient is in-patient versus out-patient?
  - How can we help patients find free or affordable transportation to doctor visits?
- Who to contact to schedule or reschedule a doctor's appointment
- Who to contact when patient is experiencing symptoms of heart failure, such as, rapid weight gain
- How does a patient get their medication filled or refilled

Note: The more processes you can learn about how to navigate the hospital, the more useful you will be to your patient.

Recommendation: If you are partnering with clinics/hospitals, set up a meeting to introduce the trainees to the key staff members they will be interacting with at the clinics/hospitals. Take the trainees on a tour of the areas their patients will most likely be located while visiting their clinic.

## 8. Doctor Visits



Key points to discuss with trainees

- Heart failure patients should be scheduled to see a doctor two weeks after being hospitalized. Patients can bring all of their medications in a bag and have the doctor make sure the medications are correct.
- Encourage the patient to build a relationship with a member of their health care team. Every patient should have a person to contact on the health care team. This is especially important if

the patient begins to experience HF symptoms. Preventive measures can only be taken if the patient notifies the doctor of existing problems. The doctor can then tell the patient to adjust their medication or schedule a doctor's visit.

9. Review Main Messages

- Overview of topic
- Review major themes and takeaway points
- Check for understanding
- Answer any questions



## ***Lesson 4: Sodium & Food Label Reading***

### **Lesson Objectives**

By the end of this lesson, the trainee will be able to:

1. Explain to heart failure patients why it is important to eat less salt
2. Read and understand a food label
3. Identify low-salt foods and high-salt foods

### **Estimated Time Required**

1 hour 35 minutes

### **Documents**

CHART Participant Manual (provided upon request):

- *Lower My Salt*
- *How to Read a Food Label*

### **Materials**

Salt test tubes from NASCO

Food labels

## Lesson Overview

<i>Activity</i>	<i>Topic</i>	<i>Recommended Method(s)</i>	<i>Estimated Time</i>	<i>Documents/ Materials</i>
1	Eat Less Salt	Facilitator Presentation, Discussion 	5 minutes	
2	Strategies to Eat Less Salt	Brainstorming 	20 minutes	Workbook handout: "Lower My Salt"
3	How Much Salt Demonstration	Group Activity 	20 minutes	Salt test tubes from NASCO
4	How To Read a Food Label	Facilitator Presentation, Group Activity 	20 minutes	Workbook handout: "How to Read a Food Label"
5	Practice Reading Food Labels	Facilitator Presentation, Group Activity 	20 minutes	Food labels
6	Review of Main Messages	Review 	10 minutes	

## Content

### 1. Eat Less Salt

One of the most important things that people with heart failure can do to manage their condition is to eat a low-salt diet. For our purpose today, we will use the words sodium and salt interchangeably. Sodium is salt and salt is sodium. Sodium makes the body hold onto fluid. To pump the added fluid, the heart has to work harder. People with heart failure can't afford to put this extra strain on their hearts.



Discussion: Why do people with HF need to eat less salt?



Too much salt can worsen HF symptoms such as, swelling and shortness of breath. Often HF patients will notice rapid weight gain after eating a meal high in sodium.

Discussion: How much salt should people with HF eat? How do we figure that out?

The American Heart Association recommends eating less than 1500 milligrams (mg) per day. Since most people do not read food labels and add up the amount of sodium they eat every day, we have decided to use a simple rule.

**Only eat food items that are less than 300mg per serving.** Any item higher than 300mg is a DANGER food. By the end of this session you should hear the words “DANGER, DANGER, DANGER” go off in your head when you see a food label greater than 300mg.

Before discussing this rule, let's discuss some strategies on how to lower your salt intake without reading food labels.

## 2. Strategies to Eat Less Salt



Brainstorm: Think of some ways you can cut back on your salt intake.

- Remove salt shaker from the kitchen table or counter top
- Experiment with herbs, pepper, lemon, vinegar, & Mrs. Dash
- Stop eating fast foods
- Eat fresh or frozen vegetables
- Rinse canned foods in water
- Use low or reduced sodium foods
- Eat less lunch meats, pre-seasoned mixes, snack foods, salted butter and nuts, Ramen, bacon and sausage

Brainstorm: What kind of changes can you make to your home environment to help lower your salt intake?

- Put salt shaker in cabinet
- Put a bowl of fresh fruit on the table for snacking
- Put your sodium-free spices on the counter
- Buy more whole foods and less processed foods
- Throw out sauces that are high in sodium

Do you know where most of your salt comes from?

- 5% of salt is added while cooking
- 6% of salt is added while eating
- 12% of salt comes from natural sources
- 77% of salt comes from processed and fast foods

## 3. How Much Salt? Demonstration



We have found the use of visuals to be helpful in teaching trainees about the amount of salt in commonly eaten foods. One way to use the salt test tubes below is to cover up the labels and create a handout where trainees have to match the labels with the salt test tubes on display. This exercise helps trainees compare the amount of salt in different foods as well as the amount of salt the average American intakes on a daily basis.



You can purchase the above product from NASCO. The link below will provide a brief description of the product.

<http://www.enasco.com/product/WA16056HR>

#### 4. How to Read a Food Label

Pass out food labels to all of your trainees. These food labels should include all types of foods, especially the kinds of foods eaten by the population you are serving.



Model how to teach food label reading.



Explain to the group that we have made this process very simple. There is no adding that needs to be done. You just look at the food label and can identify if the food is a lower-salt choice or a DANGER food.

Ask the trainees to look at their food label and identify the line labeled "Sodium". If the amount next to the Sodium line is greater than 300mg then that item is a DANGER food. If the amount of sodium is less than 300mg then that item is a lower-salt choice.

We encourage patients to find foods that are quite a bit lower than 300mg of sodium per serving. The closer the food is to containing 300mg of sodium, the more aware the patient needs to be of the serving size. Explain how to read serving sizes and how that reflects the amount of sodium in the food.

Be Aware: People will sometimes misunderstand the rule and think that is healthy to eat as much of a product as they want as long as the sodium is less than 300mg. This is NOT what we are teaching. We recommend that people eat the serving size on the package and choose foods that contain less than 300mg of sodium per serving.

## 5. Practice Reading Food Labels

Provide food labels for the trainees to practice food label reading. Go around the room and have the trainees report the following:



- Product name
- Serving size
- Amount of sodium in milligrams
- Is the food a DANGER food?



Other questions/ideas:

- Ask questions about serving size to make sure the trainees understand how the serving size correlates with the amount of sodium in the product
- Compare food labels such as, seasoning salt and Mrs. Dash
- Look at foods labeled “Low-sodium” and see if the sodium is low or just lower than the regular product

The CHART CHWs teach patients how to read food labels at home. This is an excellent self-discovery method of teaching. Patients start to learn what they are putting into their bodies. Some people may not be able to see the small print on food labels so it is always a good idea to be equipped with a magnified glass.

## 6. Review Main Messages

- Overview
- Review major themes and takeaway points
- Check for understanding
- Answer any questions





## ***Lesson 5: Community Resources***

### **Lesson Objectives**

By the end of this lesson, the trainee will be able to:

1. Identify ways to find and identify community resources.
2. Describe what is like to live with heart failure
3. Describe what challenges the doctor faces in treating heart failure patients

### **Estimated Time Required**

1 hour 45 minutes





### **Documents**

Brochures from community resources

### **Materials**

None

## Lesson Overview

<i>Activity</i>	<i>Topic</i>	<i>Recommended Method(s)</i>	<i>Estimated Time</i>	<i>Documents/ Materials</i>
1	Identifying Community Resources	Brainstorming, Discussion 	20 minutes	
2	Meet People Living with Heart Failure	Activity 	45 minutes	
3	Meet the Doctor	Activity 	30 minutes	
4	Review of Main Messages	Review 	10 minutes	

## Content

### 1. Community Resources



Brainstorm: Low-income populations face many challenges on a daily basis. What are some of the challenges you think they face? What are some of the services they might need to seek for help?

Identify community resources that will benefit study participants. For CHART, we created a binder that would assist low-income populations in securing basic needs.



For example:

- Government agency programs
- Medicaid/Medicare services
- Transportation services
- Housing opportunities
- Food pantries
- Medication assistance

### 2. Meet People Living with Heart Failure



Question & Answer session with in-person heart failure patients

This is one of the best sessions in the training if you have contacts whom are willing to discuss with a group of people what it means to them to be diagnosed with heart failure. Understanding the patient's perspective is extremely important if you plan to work with HF patients.

### 3. Meet the Doctor



Question & Answer session with in-person heart failure physician

### 4. Review Main Messages



- Review major themes and takeaway points from discussions
- Check for understanding
- Answer any questions

## ***Lesson 6: Get Walking***

### **Lesson Objectives**

By the end of this lesson, the trainee will be able to:

1. Demonstrate an understanding of the importance of walking for HF patients
2. Create an action plan around walking.

### **Estimated Time Required**

60 minutes

### **Estimated Time Required**

60 minutes





### **Documents**

CHART Participant Manual (provided upon request)

### **Materials**

None

## Lesson Overview

<i>Activity</i>	<i>Topic</i>	<i>Recommended Method(s)</i>	<i>Estimated Time</i>	<i>Documents/ Materials</i>
1	Walking and Heart Failure	Facilitator Presentation, Group Discussion 	20 minutes	
4	Create Action Plan for Walking	Role Play, Group Discussion  	30 minutes	
5	Review Main Messages	Review 	10 minutes	

## Content

### 1. Walking and Heart Failure



Why is it important to walk when you have heart failure?

- Your heart is a muscle and walking makes it stronger
- A stronger heart muscle increases blood flow
- Walking reduces stress

Note: HF patients should not engage in heavy lifting.

Ask trainees to identify some of the barriers people may face for walking.



Potential barriers:

- Severe weather (too hot or too cold)
- Experiences shortness of breath
- No place safe to walk in the neighborhood
- Not interested in walking

Potential solutions:

- Find a walking partner
- Start slow, walk 5 minutes a day, twice a day
- Find a way to reward yourself if you walk for the day
- Local community centers with walking tracks
- Park further from the grocery store

### 2. Create Action Plan for Walking



In pairs, one person plays the role of the HF patient and the other of the CHW. Practice creating an action plan for walking.

For example, where are you going to walk, when are you going to walk, for how long are you going to walk, how many days will you walk this week?

Discuss in the group some of the challenges in creating action plans around walking. Ask trainees what kind of questions needed to be asked to help the participant be more specific in setting their goal.



### 3. Review Main Messages



- Overview of benefits of walking
- Review major themes and takeaway points
- Check for understanding
- Answer any questions

## ***Lesson 7: Reduce Stress***

### **Lesson Objectives**

By the end of this lesson, the trainee will be able to:

1. Teach several methods of stress reduction.
2. Describe the impact of stress on HF patients

### **Estimated Time Required**

2 hours





### **Documents**

CHART Participant Manual (provided upon request)

### **Materials**

None

## Lesson Overview

<i>Activity</i>	<i>Topic</i>	<i>Recommended Method(s)</i>	<i>Estimated Time</i>	<i>Documents/ Materials</i>
1	Stress Reduction	Brainstorming, Facilitator Presentation 	30 minutes	
2	Mind-Body Connection	Group Activity 	20 minutes	
3	Stress Management	Facilitator Presentation, Brainstorming, Group Discussion 	20 minutes	
4	The "Hook"	Facilitator Presentation, 	30 minutes	
5	Deep Breathing	Group Activity 	15 minutes	
6	Review Main Messages	Review 	5 minutes	



## Content

### 1. Stress Reduction

Brainstorm about normal everyday challenges found in most everyone's life. Brainstorm about additional challenges of people living with HF.



- Everyday challenges: Making doctor appointments, monitoring weight, sodium and blood pressure, taking medications on time (with or without food), not able to conduct normal every day activities like house cleaning, lack of social support
- Physiological stressors: tired, depressed, chest pain, shortness of breath, sick from medications, diabetes related symptoms, cough
- Psychological stressors: Increased risk of depression, feeling lonely or isolated, anxieties about ability to manage illness, negative thinking about ability of medical team to be helpful



2. Mind-Body Connection: Have trainees close their eyes and imagine, "A friend is standing before you with a feather. This person takes the feather and gently tickles your face with it, first across your forehead, then down between your eyes to the tip of your nose. Imagine how this feels on your skin. Then he or she moves the feather and circles around your mouth. They stop suddenly and say, "I hope it's okay, I'm using a feather I found from a pigeon on the sidewalk this morning."



- What did it feel like? What did your face do? Your nose? How did your body react when your friend told you where she found the feather? What ran through your mind?
- Just thinking about something or imagining it affects how you feel. This can be a good thing when imagining happy events, happy memories, but can also interfere with positive mood or health if thoughts are frequently focused on negative experiences.

### 3. Stress Management

Benefits of Managing Stress

- Decreased stress on heart
- Decreased levels of cortisol, sugar levels more consistent
- Feel better, mood better
- Digest food better



- Muscles more relaxed
- Easier to concentrate and remember things
- People enjoy being around you



#### Brainstorm ways to manage stress

- Increased physical activity – burns off stress hormones
- Good nutrition – gives you more energy – fatigue and hunger can make us feel down
- Environmental Rearrangement – create a positive environment (watch funny shows, read the funny pages, rent funny movies)
- Social support – be around positive people, be around people who make you laugh, smile, feel good about yourself
- Self-Monitor - Rate your mood each day, plan to do something positive for yourself each day and check it off
- Problem-Solve – Make a list of all the fun and positive things that you could do, make a plan to start doing them
- Deep Breathing – Change breathing, change mood (can't be stressed and relaxed at the same time)
- Cognitive Restructuring - Change thoughts, change mood (to prevent onset of stress) say Hook



Create an action plan for managing stress.

#### 4. HOOK

While the facilitator is teaching about the “Hook”, she purposely aggravates a group member to demonstrate what it means to be hooked.



Hooks are small and unexpected hassles that happen regularly throughout the day.

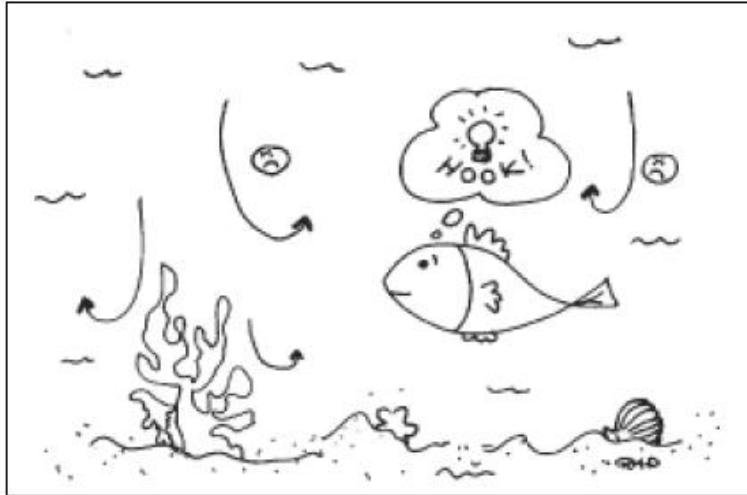
Examples include:

- Someone cuts you off in traffic
- You spill coffee on your shirt
- The doctor puts you on hold for 15 minutes

You bite the hook when you respond with irritation, anger, or aggravation.

You can pass by a hook by saying to yourself “HOOK!” as soon as it drops.

If you learn to recognize hooks, you will begin to experience freedom from the ebbs and flows of daily stress.



#### 5. Deep Breathing Technique



Practice breathing exercise with the group.

**Step 1:** Sit, or lay down on your back with knees bent. Place one hand on your chest and one on your belly.

**Step 2:** Take a deep breath through your nose like you are smelling a flower and push your belly out.

**Step 3:** Now breathe out slowly, letting your belly relax.

**Step 4:** Repeat slowly 10 times.

Ask if any of the participants have a breathing exercise to share with the group.

#### 6. Review Main Messages



- Overview of stress reduction
- Review major themes and takeaway points
  - Managing stress is an important part of taking care of your heart
- Check for understanding
- Answer any questions

## ***Lesson 8: Heart Failure & Depression***

### **Lesson Objectives**

By the end of this lesson, the trainee will be able to:

1. Identify signs of depression.
2. Administer PHQ-2

### **Estimated Time Required**

50 minutes

### **Documents**

CHART Participant Manual (provided upon request)

### **Materials**

None

## Lesson Overview

<i>Activity</i>	<i>Topic</i>	<i>Recommended Method(s)</i>	<i>Estimated Time</i>	<i>Documents/ Materials</i>
1	What Is Depression?	Facilitator Presentation 	10 minutes	
2	Depression and Heart Failure	Facilitator Presentation, Group Discussion  	10 minutes	
3	Administer PHQ-2	Facilitator Presentation, Role Play  	20 minutes	
4	Review of Main Messages	Review 	10 minutes	

## Content

### 1. What is Depression?

- Unlike stress, depression is an illness. It affects the way you eat and sleep, the way you feel about yourself, and your ability to function in everyday life.
- Depression is not a sign of personal weakness, and it's not something that can be wished away. Without treatment, depression can last for weeks, months, or even years.



### What causes depression?

- Hereditary
- Painful events or losses, such as a death in the family
- Medical problems (stroke, heart attack, cancer)
- Can be unclear

### Facts on Depression

- Depression is about twice as common in men as in women.
- Hormones in a woman's body may play a part
- Men are less likely than women to admit to being depressed
- Doctors are less likely to suspect depression in men
- Women with depression usually feel hopeless and helpless whereas men with depression may feel irritable, angry and discouraged, but making it harder to diagnose depression in men

### How is Depression Diagnosed?

- Physical exam by a doctor
- Psychological evaluation by a psychiatrist or psychologist

### How is Depression Treated?

- There are two common types of treatment for depression
  - Medicine
  - "Talk" therapy

The most important thing for anyone to do for the depressed person is to help him or her get a proper diagnosis and treatment.

Note: Preference of methods to treat depression may differ depending on the population you serve. Certain populations prefer "talk" therapy or receiving counsel from a spiritual guide rather than being prescribed medication.

### 2. Heart Failure and Depression

- People with heart disease are more likely than healthy people



- to suffer from depression
- People with depression have a greater risk for developing heart disease
- People with heart disease who are depressed have a greater risk of dying after a heart attack and stroke than those who are not depressed

Discussion: “Why do you believe these statistics to be true?”



- Depression can make it hard to function in everyday life
- Depression makes it hard to care about taking medicine or remembering to take medicine
- Making lifestyle changes such as increasing physical activity, eating healthy foods, and quitting smoking can seem impossible to someone suffering from depression
- Depression may affect heart rhythm, increase blood pressure, and affect the blood’s clotting ability
- Depression can also lead to higher blood sugar and blood cholesterol levels

### 3. Teach Trainees how to administer the Patient Health Questionnaire 2 (PHQ-2)



The following questions screen for depression.

In the past two weeks, how often...

- Have you felt little interest or pleasure in doing things?
- Have you felt down, depressed, or hopeless?

Role Play

- Split up into pairs
- Role play on how to incorporate PHQ-2 questions into regular conversation.
- Discuss in large group



### 4. Review Main Messages

- Overview of heart failure and depression
- Review major themes and takeaway points
- Check for understanding
- Answer any questions

