



Connecting Older Adults with Community-based Resources and Options

Take Charge of Your Health Program Class Leader Memorandum of Understanding

Take Charge of Your Health is an evidence-based chronic disease self-management program developed and licensed by Stanford University.

Each *Take Charge of Your Health* course consists of six 2.5-hour workshops. These workshops meet one time per week for six consecutive weeks. Each workshop is facilitated by two trained lay leaders, one or both of whom have a chronic condition.

Take Charge of Your Health Class Leaders are trained by Master Trainers, who are individuals certified by Stanford University to train new Class Leaders and provide support, technical assistance and oversight to ensure program fidelity.

Whereas the recruitment and training of *Take Charge of Your Health* Class Leaders will serve to expand the *Take Charge of Your Health* program statewide, targeting senior centers, health care systems, community colleges, senior housing complexes and other aging services providers; and in consideration for the training to be provided by AgeOptions, I _____ understand and agree with the expectations and responsibilities listed below:

Check Workshop(s) you will lead:

<input type="checkbox"/>	Take Charge of Your Health	<input type="checkbox"/>	Take Charge of Your Diabetes
<input type="checkbox"/>	Tomando Control de su Salud	<input type="checkbox"/>	Take Charge of Your Diabetes (Spanish)

Training Expectations

- Attend 4-day Class Leader training taught by 2 Master Trainers, 24 hours total
- Facilitate 2 or more *Take Charge of Your Health* 6-week workshops per year
- Participate in bi-annual conference calls and in-service training

Workshop Responsibilities

BEFORE EACH WORKSHOP

- Prepare for each workshop by reviewing class leader manual and materials
- Coordinate with co-class leader on the facilitation of weekly sessions
- Work with the *Take Charge of Your Health* regional coordinator and/or host site to organize the workshop meeting space with supplies
- Make sure that all attendance and evaluation materials are ready to be distributed for the first session

The Area Agency on Aging of Suburban Cook County, since 1974

1048 Lake Street, Suite 300
Oak Park, Illinois 60301-1102

phone (800)699-9043
(708)383-0258

fax (708)524-0870
TTY (708)524-1653

www.ageoptions.org

DURING THE WORKSHOP

- Ensure that all participants fully complete the required evaluation materials before the end of the first workshop session
- Maintain an attendance sheet for each workshop session
- Present the workshops according to the directions, training and materials provided
- Encourage interactive discussion about the concepts and skills presented
- Monitor and connect with each participant
- Promote socialization and a solution-oriented environment among the participants
- Strive to ensure that workshops follow the proven model by:
 - Co-facilitating workshops with another trained lay leader
 - Presenting the workshops based on the training and manual provided
 - Serving as a facilitator rather than a lecturer. Facilitators focus on *process* – helping create a sense of connection between group members and leaders to create a safe and optimum environment of mutual learning and support.
 - Not altering the number of workshops (6) or duration of workshops (2.5 hours)
 - Offering the workshops over six (6) consecutive weeks – (e.g., not scheduling a workshop if a holiday or other event interrupts the 6-week sequence)
 - Not altering workshop content (e.g., adding guest speakers or modifying program curriculum to offer additional information to that provided in the manual)
 - Disallowing any form of promotional content for another program or service

UPON THE COMPLETION OF WORKSHOP

- Work with the *Take Charge of Your Health* regional coordinator at AgeOptions to ensure that all evaluation materials and leftover workshop materials are turned in
- Refer any potential class participants who may be candidates for class leader training to the *Take Charge of Your Health* regional coordinator
- Refer potential workshop host sites to the *Take Charge of Your Health* regional coordinator

I have read the above information and I agree to abide to the best of my ability to the Class Leader abilities/values, training expectations, and workshop responsibilities as outlined.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Name of Sponsoring Organization (if applicable): _____

The Area Agency on Aging of Suburban Cook County, since 1974