



## *How to Engage the Members of Veterans Service Organizations in a Health Promotion Project:* **Lessons Learned from the POWER Program**

As part of a hypertension-focused health promotion program called POWER, we trained volunteer members of several Southeastern Wisconsin Veterans Service Organizations\* to be peer leaders at their local posts. We provided these leaders with presentation materials, two automated blood pressure monitors, 12 pedometers, and a weight scale. We showed them how to give monthly health presentations at their posts, encourage fellow members to check their blood pressure and weight at each meeting, and establish a spot at their posts for brochures and posters about blood pressure and healthy lifestyle choices. Evidence from our program evaluation suggests that successful implementation depended on FIVE factors:

- 1. Personal engagement between the study staff and the peer leaders.** The relationships that developed between the peer leaders and study staff played an important role in maintaining the peer leaders' enthusiasm for the project. The peer leaders and study staff interacted extensively at the training sessions, and shared regular exchanges via email and phone. Ongoing contact, including the observation of post meetings by study team members, was viewed as supportive and positive by the peer leaders.
  - ❖ **IMPLEMENTATION HINT:** *It is important to choose staff members who are approachable, friendly, committed to the project and responsive to the needs and concerns of the peer leaders. In addition, on-site observation of the peer leaders "in action" conveys interest and support and is appreciated by the peer leaders and post members alike.*
- 2. Obtaining the buy-in of the post leadership.** When the post commander was supportive and/or personally invested in the project, the peer leaders were able to deliver the monthly content at regularly scheduled times during the meeting (the most advantageous being early on the agenda) and without undue constraints on time. The buy-in of the post leadership also seemed to improve overall post engagement.
  - ❖ **IMPLEMENTATION HINT:** *Leaders of the organization must be committed to implementation of the project, especially as it relates to providing time on the agenda and personally promoting the use of equipment and materials.*
- 3. Selection of peer leaders with excellent interpersonal skills and influence at the post.** The peer leaders themselves were fundamental to project success. Peer leaders who were good public speakers, expressed enthusiasm for the project and health in general, spent extra time preparing for their presentations, researched topics on their own, and were personally invested



(i.e., made their own lifestyle changes) had post members who were more likely to be engaged in the presentations and the project. Peer leaders who were influential/respected persons at the post were more likely to succeed in their roles than those who were not well known. Successful peer leaders came from diverse career backgrounds; previous medical experience was not necessary to do well in this role.

❖ **IMPLEMENTATION HINT: *A careful assessment of speaking skills, rapport with group members, and enthusiasm for the project should be made prior to choosing peer leaders. When it is not possible (or desirable) to exclude certain volunteers from being peer leaders, it is helpful to find partners for them whose strengths balance their weaknesses, and vice versa.***

**4. Actively engaging post members during presentations.** The peer leaders delivered the content of the intervention using a variety of instructional styles and techniques. Though it was more challenging because of the discomfort involved in waiting for responses, we emphasized active instruction and audience engagement over lecture-style presentation. Techniques such as the use of quizzes, demonstrating and practicing physical exercises, inserting humorous anecdotes, and soliciting personal examples from post members all seemed to result in a more engaged audience and increased buy-in for the project.

❖ **IMPLEMENTATION HINT: *Teach the peer leaders to use active instruction techniques to improve engagement of the audience during presentations and increase project buy-in.***

**5. Giving free equipment and educational materials to the post and post members.** The post members appreciated the brochures, pamphlets, supplies and equipment that they received from the project. However, some post members complained about the pedometers (unreliable, easily broken) and the automated blood pressure monitors (readings very different from what they got elsewhere). This led to distrust of the equipment and negative feelings toward the intervention.

❖ **IMPLEMENTATION HINT: *Project participants like “freebies,” but don’t skimp on quality, and always offer a replacement guarantee.***

For more information, please contact the author:

Dr. Kathlyn Fletcher  
[kfletche@mcw.edu](mailto:kfletche@mcw.edu) / (414) 384-2000, Ext. 46450  
Clement J. Zablocki VA Medical Center  
5000 W. National Avenue, Research 151  
Milwaukee, WI 53295

\* Participating Veterans Service Organizations included the American Legion, Veterans of Foreign Wars, Vietnam Veterans of America, AMVETS, Disabled American Veterans, Elks, Jewish War Veterans, Korean War Veterans, National Association of Black Veterans, and Marine Corps League.