

Appendix 8.2

CHAP Community Report Card

Prepared by: _____
(Name)

Local CHAP Coordinator for: _____
(Name of Community)

Telephone: _____ E-mail _____

Reporting Period From: _____ To: _____

Section 1: CHAP Session Details

Key Elements of CHAP	Results for reporting period	Briefly describe your results to date
1. Number of CHAP sessions held to date	_____ #	
2. Number of CHAP sessions held per month	_____ #	
3. Number of first time participants	_____ #	
4. Number of visits	_____ #	
5. Number of volunteers	_____ #	
6. Number of pharmacies involved	_____ #	
7. Number of settings other than pharmacies involved. List all settings other than pharmacies	_____ #	
8. Do you have a local pharmacist champion?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Do you have any other champions for CHAP? If so, please name.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Please explain how participants are recruited to participate in CHAP.		_____ _____ _____
11. Outline how you plan to make changes/ improvements to your CHAP sessions related to:		
a) Number of sessions:		
b) Volunteer recruitment:		
c) Participant recruitment:		



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Section 2: CHAP Session Details

Please complete and describe the level of commitment demonstrated by local physicians and nurse practitioners.

Key Elements of CHAP	Results for reporting period	Briefly describe your results to date
1. How many family physicians are there in your community?	_____ #	
2. How many of these family physicians have been recruited?	_____ #	
3. How many Nurse Practitioners are there in your community?	_____ #	
4. How many of these nurse practitioners have been recruited?	_____ #	
5. Number of Family Health Teams or physician group partnerships developed	_____ #	
6. Number of local family physicians who have agreed to invite patients using letters	_____ #	
7. Number of local Nurse Practitioners who have agreed to invite patients using letters	_____ #	
8. Do you have a local physician opinion leader?	a) Yes <input type="checkbox"/> No <input type="checkbox"/>	b) _____ Name(s) _____
9. Outline how you recruit and retain family physicians, nurse practitioners, Family Health Teams and Community Health Centres.		_____ _____ _____
10. Outline how you plan to make changes / improvements to your CHAP sessions related to:		_____ _____ _____
11. Describe all partnerships and services that work well with CHAP in your community. Describe any barriers to the operation of CHAP in your community.		_____ _____ _____
12. Briefly describe how CHAP operates within the pharmacy setting and within other settings in your community.		_____ _____ _____

13. Describe how volunteers operate the CHAP sessions.

Section 3: Volunteer Peer Health Educators

Key Elements of CHAP	Results	Briefly Describe your results to date
1. Numbers of local partnerships developed that are supportive in implementing CHAP. For example, local public health units, community & social organizations	_____ #	
2. Number of partnerships formed with provincial and/or national groups that are supportive of implementing CHAP	_____ #	
3. Has there been an expansion of CHAP into your local region?	_____ #	
4. Are high risk patients targeted	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Incorporating the MedCheck Program with CHAP	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Peer Education outside of the CHAP session	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. Using the Heart and Stroke Foundation Blood Pressure Action Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8. Using other health promotion tools in partnership with CHAP	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9. Please describe any plans to improve upon the delivery of CHAP in your community		<hr/> <hr/> <hr/>
10. Describe any plans for integrating CHAP activities with existing Family Health Teams and/or Community Health Centres or other community services and programs.		<hr/> <hr/> <hr/>
11. Describe all partnerships and services that work well with CHAP in your community. Describe any barriers to the operation of CHAP in your community.		<hr/> <hr/> <hr/>



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12. **Briefly describe how CHAP operates within the pharmacy setting and within other settings in your community.**

13. **Describe how volunteers operate the CHAP sessions.**

Section 4: Volunteer Peer Health Educators

Please describe how volunteers help make CHAP work successfully in the community.

Key Elements of CHAP

Results

Briefly Describe your results to date

1. How many peer health educators volunteer with CHAP?

_____ #

2. Do you feel that you have an adequate number of volunteers to run the sessions?

Yes

No

3. How many volunteer training sessions have been held?

_____ #

4. **Please describe any plans to improve upon the delivery of CHAP in your community**

Appendix 6.2 Volunteer Training Session #1: Heart Disease & Stroke Risk Factor Awareness

Appendix 6.3 Volunteer Training Session #2: Volunteer Peer Health Educators and CHAP Sessions

Appendix 6.4 Volunteer Training Session #3: Heart & Stroke Foundation of Ontario's Blood Pressure Action Plan™

5. **How many refresher training sessions have been used with volunteer peer health educators?**

Number: _____

6. **Please also describe any barriers to the CHAP education sessions.**

7. **Describe any improvements and changes you plan to make to the way volunteers are trained and how they run CHAP.**

Section 5: Volunteer Peer Health Educators

1. **How has cardiovascular and stroke awareness and prevention in your community changed during your community's implementation of CHAP?**

2. **What has influenced and/or contributed to the change?**

3. **What were your overall successes?**

4. **What were your obstacles and challenges in advancing a sustainable model of CHAP?**

5. **Describe any partnerships or program innovations initiated during CHAP.**

6. **Based on the information provided above, what three things do you plan to change/improve upon over the next year?**

- a)

- b)

- c)
