

## 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. <b>Please explain how participants are recruited to participate in CHAP.</b>		_____ _____ _____
11. <b>Outline how you plan to make changes/ improvements to your CHAP sessions related to:</b>		
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. <b>Outline how you recruit and retain family physicians, nurse practitioners, Family Health Teams and Community Health Centres.</b>		_____ _____ _____
10. <b>Outline how you plan to make changes / improvements to your CHAP sessions related to:</b>		_____ _____ _____
11. <b>Describe all partnerships and services that work well with CHAP in your community. Describe any barriers to the operation of CHAP in your community.</b>		_____ _____ _____
12. <b>Briefly describe how CHAP operates within the pharmacy setting and within other settings in your community.</b>		_____ _____ _____

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

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**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. <b>Please describe any plans to improve upon the delivery of CHAP in your community</b>		
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10. <b>Describe any plans for integrating CHAP activities with existing Family Health Teams and/or Community Health Centres or other community services and programs.</b>		
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11. <b>Describe all partnerships and services that work well with CHAP in your community. Describe any barriers to the operation of CHAP in your community.</b>		
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12. **Briefly describe how CHAP operates within the pharmacy setting and within other settings in your community.**

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

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**Section 4: Volunteer Peer Health Educators**

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

<b>Key Elements of CHAP</b>	<b>Results</b>	<b>Briefly Describe your results to date</b>
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1. How many peer health educators volunteer with CHAP?	_____ #	
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2. Do you feel that you have an adequate number of volunteers to run the sessions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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3. How many volunteer training sessions have been held?	_____ #	
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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.**

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

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**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?**

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

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

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

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

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

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- b) 

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- c) 

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