



Cardiovascular Health Awareness Program

CHAP Implementation Guide ©



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How to Use the Implementation Guide

This Guide has been prepared with the end-user in mind. It contains the information and resources needed to successfully implement CHAP in any community. The Guide consists of multiple formats, including:

- Binder
- CD
- Website – www.chaprogram.ca
- DVD

The implementation will work best when a combination of the resources are used simultaneously. For instance, most of the required documents referred to throughout the Guide can be downloaded from either the CD or the website (in MS Word and/or Adobe Acrobat formats), and edited to best suit an individual community's needs.

This Implementation Guide builds on the tools and processes developed, the feedback received, and the cumulative experience of the Program since it was initiated in 2000. The goal of this Guide is to provide a “road map” for communities interested in implementing CHAP.

Based on previous experience of community-wide implementation of CHAP in Grimsby and Brockville, Ontario, the Guide is set up on a 24 week schedule. Tasks are laid out in well-defined sections to help track progress. The first 12 weeks are designated for tasks related to hiring the Local CHAP Coordinator, mobilizing the community, and recruiting the stakeholders required for CHAP to be implemented successfully within the community. The remaining 12 weeks are designated for operating the CHAP community pharmacy-based sessions and to completing a post-CHAP report.

Each section begins with the objectives for that time period. Local CHAP Coordinators will be expected to go on-line at www.chaprogram.ca to complete regular reports and checklists to send to the Regional Program Coordinator. The Regional Program Coordinator will, in turn, communicate progress, milestones, and any challenges to the CHAP Advisory Group.

The time and effort needed to successfully implement

CHAP will vary in each community. Accordingly, this Guide is meant to provide direction and assistance with implementing the Program. While some aspects of the Program are considered critical, Local CHAP Coordinators should be aware that the Guide's proposed approach and schedule is flexible and written so that it can be tailored to meet individual community needs.

The Binder

The binder contains a print copy of the Guide. It lays out the steps required to successfully implement CHAP in a consistent manner across communities. It contains background information, objectives, and checklists, as well as samples of forms, letters, presentations, job descriptions, recommendations, training materials, advertising, and more.

The CD

The CD contains an electronic version of the Guide and all of its appendices, in both MS Word and Adobe Acrobat formats. This resource will allow you to access usable forms, letters, and presentations. Many of the appendices are in the form of templates that can be easily adapted for use in each community.



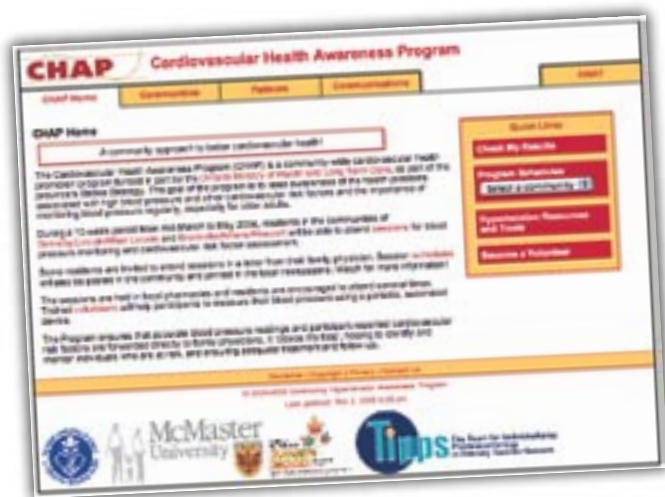
CHAP pharmacy-based session

How to Use the Implementation Guide

The Website

www.chaprogram.ca

The website includes a downloadable version of the Guide and other appendices and resources. This website will contain any revised content or new Guide materials, as they become available. It can also be used to contact the CHAP Advisory Group and both the Regional and Local CHAP Coordinators via an electronic discussion board (listserv).



CHAP Home Page

Local CHAP Coordinators will be able to access a discussion group for advice and support during the Program implementation phase. Access to the CHAP discussion group will be made available to designated individuals. Local CHAP Coordinators will be asked to forward their e-mail addresses to their Regional Program Coordinator at the beginning of the implementation process in order to gain access to the group. A listserv (a mailing list that automatically forwards messages to all designated people) will then be created so that Guide updates and important messages can be automatically forwarded to the larger group. In addition, discussions between the group members can be moderated so that suggestions, challenges and helpful tips can be shared.

The DVD

The DVD (playable on most DVD players and computers) shows some key aspects of the CHAP Program in action, including: training of volunteers, use of the automated blood pressure measurement device, completion of the Risk Profile Recording Form, and the set-up and operation of the Program in different pharmacies.

This Implementation Guide has been prepared by the following individuals...

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Background

Welcome to CHAP

Over the past five years, CHAP has developed through a number of pilot projects, scientific trials, and community-wide demonstrations.

CHAP...

Is an innovative program designed to promote cardiovascular health, including blood pressure monitoring amongst seniors, in order to reduce mortality and morbidity associated with cardiovascular disease and stroke.

Connects community-based health promotion and prevention activities for seniors with the care provided by their family physician and pharmacist, and involves public health representatives, volunteers, the local media and community organizations.

Aims to bring together all individuals and organizations within a community to work as partners to promote and actively participate in the prevention of cardiovascular disease and stroke.

The goal of CHAP is to implement a peer health educator program of cardiovascular health awareness, including blood pressure monitoring, in communities across Ontario and elsewhere.

CHAP is made available, free of charge, to all seniors in the community. The Program offers opportunities for enhanced multiple blood pressure monitoring, as well as health promotion activities and information about modifiable risk factors for cardiovascular disease and stroke.

The Problem

Cardiovascular disease and stroke are the leading causes of death in Canada and currently affect about one in four Canadian adults. The prevalence of high blood pressure increases as people grow older, and one in three Canadians between 65 and 74 years of age has high blood pressure. For those who do not have high blood pressure by the age of 55, they have a 90% chance of developing this condition in their lifetime.

Forty-three percent of the Canadian adult population is unaware of their high blood pressure; 22% are aware, but are neither treated nor controlled; 21% are treated, but not controlled; leaving only 13% who are treated and have controlled blood pressure.

These statistics are alarming, as high blood pressure is a well-known risk factor for heart disease, kidney disease, and stroke. However, high blood pressure is preventable. If it is diagnosed, it can be successfully managed with lifestyle modifications such as dietary changes, weight loss, exercise, and smoking cessation.

So, why then are so many Canadians with high blood pressure undiagnosed and untreated? Simply put, a number of health system barriers exist to the monitoring and follow-up treatment of high blood pressure.

Blood pressure can be challenging to monitor because of its natural fluctuations. Some patients have artificially elevated readings in their physician's office if they are nervous or rushed, which can complicate diagnosis and treatment decisions. Self-monitoring can also produce inaccurate readings and results may not always be available to the physician.

Inviting patients to have their blood pressure measured in a familiar community setting, with assistance from a trained volunteer, can overcome some barriers to effective monitoring and control of blood pressure. The delivery of accurate blood pressure readings to family physicians and regular pharmacists can 'close the loop' and promote appropriate follow-up and treatment.

A Solution

CHAP is a community-based program that brings together local family physicians, pharmacies, public health representatives, volunteers, and community organizations to work as partners to promote and actively participate in the prevention of cardiovascular disease and stroke.

The success of CHAP is based on the recruitment of all local family physicians and pharmacies within a community. Participating physicians invite all of their patients 65 years of age and older to attend CHAP pharmacy-based sessions using several strategies: a personalized letter of invitation; a "ticket" distributed to specific patients in the practice office; and/or community-wide advertising.

CHAP Sessions

CHAP pharmacy-based sessions are operated by volunteer peer health educators (trained by community health nurses). During the sessions, volunteers assist participants to measure their blood pressure using an accurate, portable device (the BpTRU). The volunteers also record the blood pressure readings and other cardiovascular risk information on a Risk Profile Recording Form. With the participant's permission, the blood pressure readings and the risk profile are forwarded to a computerized database (Clinforma) which, in turn, sends the information to his/her family physicians by fax, internet, or mail. A copy of the blood pressure reading

and risk profile is also given to each participant at the session and, with the participant's permission, a copy is made available to his/her regular pharmacist. Physicians and pharmacists are encouraged to follow-up with patients, where appropriate.

A community health nurse is on-call during the sessions, and a recommendation protocol, established in consultation with participating family physicians, is used to guide re-assessment of patients with very high or low readings and to ensure appropriate referral for follow-up. Additional educational materials and community-specific resources concerning key modifiable risk factors are also made available to the participants at the sessions.

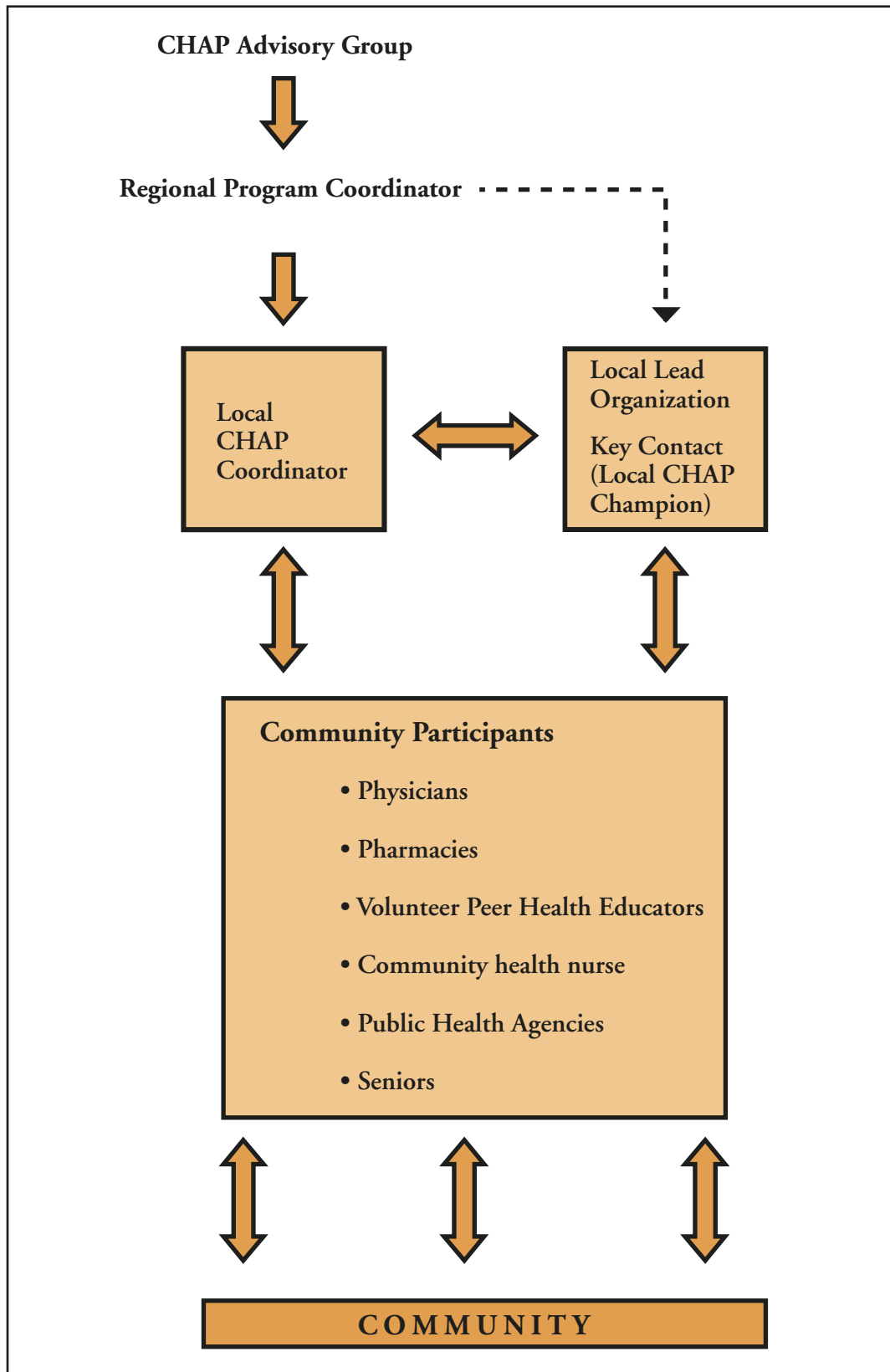
CHAP RISK PROFILE RECORDING FORM		Pharmacy ID <input style="width: 80px;" type="text"/>
Draft		
Patient Information - Please PRINT CLEARLY in CAPITAL LETTERS. Last Name <input style="width: 100%; height: 15px;" type="text"/> First Name <input style="width: 100%; height: 15px;" type="text"/> Date of Birth <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> Sex <input type="radio"/> Male <input type="radio"/> Female Family MD's Last Name <input style="width: 100%; height: 15px;" type="text"/> Do you consent to having this information sent to your family physician? <input type="radio"/> Yes <input type="radio"/> No (solidly FILL one circle) Do you consent to having this information sent to your regular pharmacist? <input type="radio"/> Yes <input type="radio"/> No (solidly FILL one circle)		Office Use Only (Print in CAPS) Today's Date <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> 04 <small>(3-letter mo.) (day) (year)</small> Pt's Name <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <small>(First 3 letters of Last Name) (Ticket Serial No.)</small> Pt's DoB <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> <small>(3-letter mo.) (day) (year)</small> Family MD's ID <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> <small>(3 letter) (2 digit)</small> Reg. Pharmacist's ID <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> <small>(2 digit) (2 letter)</small>
Heart & Stroke Risk Profile - Only complete this section if this is your first "CHAP" visit. 1. What is your height? <input style="width: 15px; height: 15px;" type="text"/> ft <input style="width: 15px; height: 15px;" type="text"/> in OR <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> cm 2. What is your weight? <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> lbs OR <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> kg <small>For each question, solidly FILL one circle like this ● and not like this ⊗ or this ○, thanks!</small> 3. Are you currently taking prescription pills for high blood pressure? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure 4. If you currently use pills for high blood pressure, do you take them each day? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable 5. Have you ever had a stroke or TIA (transient ischemic attack)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure 6. Have you ever had a heart attack? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure 7. Has your doctor told you that your cholesterol is high? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure 8. Has your doctor told you that you have diabetes? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure 9. Do you smoke? <input type="radio"/> Yes (currently) <input type="radio"/> Not now (but previously) <input type="radio"/> Never smoked 10. Typically, do you drink 2 or more alcoholic drinks a day? <input type="radio"/> Yes <input type="radio"/> No 11. How much high fat or fast food do you consume in your diet? <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High 12. How much salt do you consume in your diet? <input type="radio"/> Low <input type="radio"/> Moderate <input type="radio"/> High 13. Certain ethnic groups have a higher prevalence of hypertension. Do any of the following apply to you: South Asian, First Nations/Aboriginal, Inuit or Black? <input type="radio"/> Yes <input type="radio"/> No 14. Are you moderately physically active for 30 to 60 minutes, most days of the week? (Moderate activities include brisk walking, active gardening, swimming, dancing or biking) <input type="radio"/> Yes <input type="radio"/> No 15. In a typical week, how frequently do you feel overwhelmed or stressed by the demands on you? <input type="radio"/> Seldom or never <input type="radio"/> A few times <input type="radio"/> Often or a lot of the time 16. In the last year, have you felt sad, blue or depressed for more than 2 weeks in a row? <input type="radio"/> Yes <input type="radio"/> No		Blood Pressure & Pulse Rate (Average of 5 readings) Systolic (mm Hg) <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Diastolic (mm Hg) <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Pulse Rate (bpm) <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> Office Use Only Suggested appointment with FP as soon as possible (Stage 3) <input type="radio"/> Yes <input type="radio"/> No Alerted nurse or pharmacist of very high BP (Stage 4) or low BP with symptoms <input type="radio"/> Yes <input type="radio"/> No Suggested consult with regular/session pharmacist <input type="radio"/> Yes <input type="radio"/> No
Pharmacy ID <input style="width: 80px;" type="text"/> Study copy -- white Pharmacy copy -- yellow Participant copy -- pink		Copyright © 2004 CHAP and Clinforma Data Management Fig P Software Incorporated 2004-02-27

CHAP Implementation Chart - At a Glance

The following chart provides a quick overview of the steps needed to successfully implement CHAP at the local level. Details for each section can be found on the pages that follow.

Task	Completion Timeline	Person Responsible
Recruit a Regional Program Coordinator	Pre-Week 1	CHAP Advisory Group
Recruit a Local CHAP Coordinator	Pre-Week 1	Regional Program Coordinator and Local Lead Organization
Undertake an Environmental Scan of the community	Weeks 1-3	Local CHAP Coordinator
Develop a Community Profile	Weeks 1-3	Local CHAP Coordinator
Develop a CHAP Communications Plan	Weeks 1-3	Local CHAP Coordinator
Implement the CHAP Communications Plan	Ongoing	Local CHAP Coordinator
Recruit all local family physicians	Weeks 4-7	Local CHAP Coordinator
Recruit all local pharmacies	Weeks 4-7	Local CHAP Coordinator
Recruit volunteer peer health educators	Weeks 4-7	Local CHAP Coordinator
Hire a Community Health Nurse	Weeks 4-7	Local CHAP Coordinator
Continue with recruitment efforts	Weeks 8-11	Local CHAP Coordinator
Hold information sessions/meetings/office visits with physicians and pharmacists	Weeks 8-11	Local CHAP Coordinator/ Opinion Leader
Contact patients, as per physician's preferred options	Weeks 8-11	Local CHAP Coordinator
Assist in the development and delivery of training sessions for volunteer peer health educators	Weeks 8-11	Community Health Nurse
Develop a schedule for CHAP sessions	Weeks 8-11	Local CHAP Coordinator
Hold CHAP sessions	Weeks 12-22	Local CHAP Coordinator
Manage session data and relay it back to physicians, regular pharmacists and patients	Weeks 12-22	Local CHAP Coordinator
Program wrap-up, debriefing of volunteer peer health educators, and preparation of a CHAP final report	Weeks 23-24	Local CHAP Coordinator

CHAP - The Key Players



CHAP Advisory Group

Since 2000, the CHAP Advisory Group has been responsible for the overall development, implementation and planning of CHAP. The Advisory Group includes representatives from government and non-government bodies, academia and research institutions, and other health-focused foundations and organizations.

The CHAP Advisory Group communicates program changes and provides advice to local CHAP programs.

The CHAP Advisory Group co-chairs are: Larry W. Chambers, PhD, FACE, HonFFPH(UK), President, Élisabeth Bruyère Research Institute, A University of Ottawa and SCO Health Services Partnership; and Janusz Kaczorowski, PhD, Associate Professor and Research Director, Departments of Family Medicine and Clinical Epidemiology & Biostatistics, McMaster University.

Regional Program Coordinator

The CHAP Advisory Group oversees the recruitment of the Regional Program Coordinator. Once the Regional Program Coordinator is hired, he/she will work closely with the Local CHAP Coordinator on all matters concerning CHAP.

Overall responsibilities of the Regional Program Coordinator include:

- Communicate directly with the Local CHAP Coordinator.

- Responsible for the evaluation aspects of CHAP, and the overall planning, management and success of the Program at the local levels.
- Advise and guide the Local CHAP Coordinator on the implementation of CHAP within the community.
- Advise and guide the Local CHAP Coordinator in the recruitment of physicians, pharmacies, and volunteer peer health educators.

(See Appendix 1.1 for a Regional Program Coordinator Job Description.)

Local CHAP Coordinator

Once the Regional Program Coordinator is on board, the search begins immediately for a full-time Local CHAP Coordinator for a six-month contract. Ideally, the Local CHAP Coordinator lives in the community and is familiar with “community processes and culture”. An additional possibility is to recruit a Local CHAP

Coordinator who has a record of organizing other community activities, such as a past or present service club leader, retired administrator, retired teacher, or retired community health nurse. This recruitment process will take approximately 4 to 6 weeks.



Local CHAP Coordinator setting up a CHAP pharmacy-based session

Overall Responsibilities of the Local CHAP Coordinator include:

- Work closely with the Local Lead Organization and the Regional Program Coordinator to ensure the successful implementation of CHAP.
- Ensure the successful day-to-day operations of CHAP within the community.
- Undertake an Environmental Scan of the community to determine key contacts, opinion leaders, existing programs and resources, local branches of health-oriented foundations, and media channels.
- Mobilize the community to actively participate in CHAP.
- Develop and implement a Communications Plan tailored to the community's needs and resources.
- Recruit and coordinate the participation of all local physicians and pharmacies.
- Recruit and coordinate volunteer peer health educators.
- Assist in the development and delivery of information sessions and training sessions to physicians, pharmacists, peer health educators and other key stakeholders.
- Coordinate invitations to patients to participate in the CHAP sessions (letters, tickets, or advertising).
- Assist the Local Lead Organization in the recruitment of a community health nurse.
- Advise and assist the Community Health Nurse on training and monitoring of volunteer peer health educators.
- Provide support to peer health educators to run the CHAP sessions.
- Schedule and coordinate the CHAP sessions.
- Ensure that Risk Profile Recording Forms are forwarded on to Clinforma.
- Submit regular electronic progress reports to the Regional Program Coordinator.
- Communicate with the Local Lead Organization on CHAP's progress.
- Manage the program files, program databases, and program information required for the ongoing evaluation of the Program's progress.
- Debrief volunteer peer health educators two weeks from the start of the CHAP pharmacy-based sessions and at the completion of the sessions.
- Prepare a final CHAP report.

(See Appendix 1.2 for a Local CHAP Coordinator Job Description.)



Volunteer Peer Health Educator taking blood pressure reading

Local Lead Organization

The Local Lead Organization could be an organization, such as a local chapter of The Kidney Foundation of Canada or the Heart and Stroke Foundation, an association, a public health unit, or a local social service or health group whose mandate or interest in cardiovascular health promotion coincides well with the CHAP mandate.

The Local Lead Organization supports CHAP's mandate of raising the awareness of the benefits of good cardiovascular health and agrees to spearhead the implementation of CHAP within the community.

The actual lead organization will vary across communities, depending on which organizations are active in each community.

The Local Lead Organization will provide guidance and support to the Regional Program Coordinator

and to the Local CHAP Coordinator throughout the implementation and ongoing operation of CHAP in the community. The resources required to operate CHAP at the local level are normally coordinated through the Local Lead Organization.

The Local Lead Organization may have an individual, or know of an individual, who has a vested interest in health issues, feels passionate about the community and understands the importance of mobilizing the community. This individual may be interested in playing a lead role in championing the implementation of CHAP. Known as the Local CHAP Champion, this individual can be extremely helpful in identifying methods and mediums that are appropriate to recruit stakeholders and to raise community awareness of CHAP. Past CHAP champions have been physicians, pharmacists, volunteers, and other leaders in the community.

The Community

The community is CHAP's most important stakeholder. It is the overall target audience for raising awareness of cardiovascular health.

Within the community, certain organizations, businesses, residents and local media will be identified as those which will benefit from a heightened awareness of CHAP and who may choose to play a lead role in CHAP. Many of these groups and individuals will be identified during Weeks 1 to 3, when efforts are being made to "mobilize the community". The Community Profile is developed during the Environmental Scan.

Communications and marketing efforts should be

directed at both the groups identified within the community profile, and the larger community.

Each community's Communications Plan will identify appropriate mediums or channels through which information can be broadcast to the larger community. The Communications Plan will also call for posters, press releases, newspaper ads and speaking engagements, all of which contribute to the goal of a heightened community awareness of CHAP. (See Appendix 2.0 for a sample Communications Plan.)

The Communications Plan is outlined in greater detail in Weeks 1 to 3.

Physicians, Pharmacists, Volunteer Peer Health Educators, Community Health Nurse

Detailed information on the roles of these key stakeholders is found in Weeks 4 to 8, when recruitment efforts get underway.

Weeks 1 to 3

Getting Started: Mobilizing Your Community

Week 1 begins once the Local CHAP Coordinator is hired and briefed on the Program goals and objectives.

Objectives - Weeks 1-3

To undertake an Environmental Scan of the community.

To develop a Community Profile of the organizations, agencies, associations, working groups, media outlets and opinion leaders in the community.

To develop a CHAP Communications Plan that is tailored to the community's needs and resources.



Communities are like people – they come in all shapes and sizes, and each one has a preference for doing things in a certain way. For this reason, the approach taken to mobilize, motivate, and raise the collective awareness of an issue will vary from community to community.

Mobilizing your community is a crucial step in the CHAP implementation process. The more people talk about an issue, such as cardiovascular health, the greater the chances are for involvement and benefit. As well, the more individuals are given an opportunity to participate in an event or program, such as CHAP, the more likely they will be to work towards its success.

Mobilizing your community around CHAP includes:

- Generating interest in, and commitment to, CHAP.
- Communicating with key people and agencies about CHAP.
- Encouraging people and groups/organizations to be involved in CHAP's development and implementation.

Taking time to research, understand and communicate with your community will ease the implementation process. A community approach to implementing CHAP depends on engaging key contacts identified in the community and exploring ways for individuals and organizations to participate.

Weeks 1 to 3 - Undertake an Environmental Scan of the Community and Develop a Community Profile

The first step in mobilizing a community and raising its awareness of CHAP and cardiovascular health issues is getting to know how it works and who makes things happen. You will need to find out which key agencies, working groups, community champions and physician opinion leaders exist.

Performing an Environmental Scan means researching how a community works. CHAP will be easier to implement if it has full backing from a number of community individuals and organizations. Research is done through phone calls, internet searches, visiting community groups and organizations, and more. The end-result is a Community Profile, which is essentially a database of:

- Relevant organizations, agencies and foundations.
- The community champions – the “movers and shakers” or the individuals who make things happen in the community. For example, many communities recognize their volunteers, and often name someone “Volunteer of the Year”.
- Physician Opinion Leaders. Make a list of potential physician opinion leaders by asking each person you speak with during your research efforts who they feel is the local physician expert on cardiovascular health issues. This might be one or more physicians.
- Pharmacist Champions. Take note of any pharmacists who are considered to be leaders in health issues by their peers. This person could be the chair of the local pharmacy association or play another lead role within the community.
- Individuals who are involved in community and health-oriented projects.
- The venues that exist to help spread the word about CHAP. For example, newsletters of relevant groups, possible speaking venues, briefings at relevant organization meetings, local websites (city and/or hospital), city council agendas, etc.
- Media channels to communicate with the community about CHAP. For example, names of newspapers and their city editors, television stations and their key staff, radio stations and their key reporters, community newsletters, locations to post posters, etc.
- Seniors’ Groups and Centres.

The following is a list of places and tools that can be used to help gather the information needed to develop a comprehensive Community Profile.

Phone Book. The Yellow Pages™, as well as www.411.ca, can help you to compile a list of agencies and organizations that you may want to speak with in the coming weeks, in order to garner support for CHAP.

Internet. The community’s website will help you to gain insight into how the city’s administration works. “Inside City Hall” is an icon that will often outline the City’s administrative structure, working groups, and initiatives currently underway. “Mayor’s office” is another icon that will most often outline some of the more prominent projects underway. These venues might also provide an opportunity for CHAP to be highlighted. City, town, or municipal websites often list agencies, working groups and foundations in the area.

Mayor and Members of Council. Phone the Mayor’s office and inform him/her of CHAP. The Mayor may be able to connect you with relevant groups to recruit volunteers, and/or be able to give advice on how best to disseminate information about CHAP within the community. Perhaps there is a health promotion working group within the municipal structure. Or, the Mayor may be willing to have city councillors briefed on the Program at an upcoming council meeting.

Hospital Administrator. If there is a hospital administrator in your community, identify and contact him/her and arrange for a meeting to introduce CHAP. The Hospital Administrator may also be helpful in finding the physician opinion leader, volunteers, venues for advertising, and possible speaking engagements. Ask the Hospital Administrator if it would be possible to post the launch of CHAP to the “What’s New” section of the Hospital’s website.

Directory of Community Services. Any community group or organization (categorized by city) can be referenced at the Community Information Online Consortium (www.cioc.ca/index.asp). Many communities will have this valuable reference tool available.

Volunteer Groups. Review the list provided below, note the groups that exist in your community and contact them. These are the groups from which volunteer peer health

educators may be recruited during Weeks 4 to 7. Keep in mind that this is not an exhaustive list. Your community may have groups that are not listed here, but feel free to approach them for help.

- Seniors' centres, seniors' clubs, seniors' groups
- Volunteer Centres, directories, or referral services
- Hospitals (volunteer groups)
- Churches / faith groups (community church group)
- Non-profit organizations and service clubs (For example, YMCA, YWCA, VON, United Way, Heart and Stroke, Kidney Foundation, Kinette and Kinsmen Club, Rotary clubs, Diabetes Association, Alzheimer's Society, Knights of Columbus, Lions and Lioness Clubs, Royal Canadian Legion)
- Volunteer Recruitment Fairs (that cater to an older audience)
- Community centres, recreation centres
- Retirement residences / homes
- Public buildings

- Businesses / shopping centres
- Other health care offices
- Personnel Directors
- Speakers' Bureaus
- Chambers of Commerce
- Associations for retirees (For example, retired health care workers, teachers, public servants)

Remember that all of these potential resources may not be available or appropriate for every community. The Local CHAP Coordinator must determine which resources are best suited to CHAP's mandate in his/her individual community.

Once the Environmental Scan is complete and the community profile has been developed, the approach taken to mobilize your community about CHAP will become clearer. Prioritize those groups or individuals identified in the profile to help you decide who to contact first.

Weeks 1 to 3 - Develop a Communications Plan

The development of a comprehensive Communications Plan is an integral component of CHAP's success at the community level. Your Communications Plan will guide how and when the Local CHAP Coordinator will use CHAP resources to speak to the community, and the manner in which CHAP information is disseminated.

A sample Communications Plan is provided in Appendix 2.0. It can be used as a guide to develop a plan that is tailored to your community's needs. Appendices 2.1 to 2.3 also provide samples of press releases and print materials. Both appendices can be downloaded from either www.chaprogram.ca or the CD.

The CHAP Communications Plan should outline the following:

CHAP Program Goals

- A bulleted list of overall goals of CHAP (See Appendix 2.0 for examples).

CHAP Communications Goals

- A bulleted list of goals for the roll-out of CHAP within your community.

Targeted Audiences

- A list of key audiences to whom any information dissemination strategies will be targeted.

Channels for Communications

- Channels for spreading the word about CHAP, including health service organizations, media, voluntary organizations, faith groups, service clubs, and

seniors' centres.

- A list of contact people in the local media – local newspapers (major and minor), local radio stations, cable television, internet.
- A list of networking opportunities, such as community gatherings, churches, and seniors' centres, that can be used to help raise the awareness of CHAP within your community.

Key Messages

- General - A list of 3-5 bullets outlining key messages that can be consistently relayed to the public. (See Appendix 2.0 for examples.)
- Specific – A list of more detailed messages that could be highlighted when the opportunity arises.

Deliverables

- Print Material – posters, brochures
- Media – press releases, public service announcements
- Potential speaking engagements.

Timeline

- A schedule of the overall Communications Plan and deliverables.

A sound Communications Plan ensures a consistent approach when speaking to the community through a variety of communication channels. Once your plan is developed, use it as a guide for when, how and where you communicate with the public. Communicating with the public and key stakeholders on a regular basis will help to keep momentum strong throughout the Program.

Weeks 4 to 7 The Recruitment Begins

Objectives - Weeks 4-7

To begin the recruitment of:

All local family physicians.

All local pharmacies.

One part-time community health nurse.

Between 20 and 60 volunteer peer health educators (PHE).



Recruiting family physicians and pharmacists to actively participate in CHAP is vital. These two stakeholder groups are the major building block for implementing CHAP in a community. The overall goal is to recruit 100% of local

physicians and pharmacies. The lower the participation rate, the more challenging it is to operate the Program, and the less chance CHAP has of maintaining its goal of operating as a community-wide health promotion program.

Weeks 4 to 7 - Family Physicians

The fact that CHAP has been highly successful in recruiting a maximum number of physicians to the Program to date is largely attributed to its use of the physician opinion leader model. In Brockville, for instance, 29 out of 31 physicians participated in CHAP. In Grimsby, 27 out of 32 physicians participated.

Identifying a Physician Opinion Leader(s) at the outset of the CHAP implementation process is essential to achieving a high rate of participation among local physicians.

Local CHAP Physician Opinion Leaders...

- Are highly regarded by their peers and seen as experts in cardiovascular health.
- Have an ability to persuade and attract the participation of others in CHAP through their expertise and enthusiasm for cardiovascular health issues.

It is the Physician Opinion Leader(s), not the Local CHAP Coordinator, who first contacts all of the local

physicians to inform them about CHAP and to garner their support for CHAP. This initial contact can be made by letter, e-mail, phone, or in person.

The fact that Physician Opinion Leaders are viewed as experts in their field enables them to have the ability to influence the decisions of their peers in areas pertaining to their expertise. A Physician Opinion Leader's thoughts and preferences are valued by other physicians and, as such, the opinion leader is a powerful CHAP stakeholder.

The local Physician Opinion Leader is also a valuable resource in the understanding of the social and communication networks that exist (or do not exist) among area physicians. He/she will likely be very knowledgeable about how to best engage the majority of his/her peers into a program such as CHAP.

A CHAP Physician Opinion Leader(s) is the physician that other physicians call when they have a difficult case of hypertension in their office, or when they have a question about hypertension.

There are a number of ways to find the Physician Opinion Leader in your community:

Networking. Talk to local physicians, and other community contacts, and ask about family doctors who are involved in community health, or who have a particular interest in cardiovascular health promotion. After several conversations, you will be able to identify one (or more) individual(s).

Environmental Scan. A Physician Opinion Leader may have been uncovered during the Environmental Scan undertaken in Weeks 1 to 3, given that opinion leaders are often found in positions of authority in local health organizations (e.g., hospital departments, community organizations) and have connections to the provincial health ministry or nearby academic health sciences centres. Review your Community Profile to see if there are any relevant groups or associations that could be contacted to help identify a local Physician Opinion Leader.

Local Hospital Administrator or Health Unit. Phone your community's Hospital Administrator, Community Health Centre Manager, and/or local Public Health Unit representative (e.g., Community Health Nurse) and ask if they are aware of a potential local Physician Opinion Leader on cardiovascular health issues.

Local Lead Organization. Discussions with your Local Lead Organization may lead to the identification of a local Physician Opinion Leader. Staff within the organization may have a good idea of who the leader is, or may be able to point you in the right direction to uncovering this individual.

Regional Program Coordinator. Discussions with your Regional Program Coordinator may also lead to a possible Physician Opinion Leader.

Pharmacists. When speaking with pharmacists regarding CHAP, take the opportunity to ask them who they view as the local physician expert or advocate for cardiovascular health issues.

This list is not exhaustive. There may be other methods of finding the Opinion Leader in your community that are not listed here. Every community is unique and your community may require a different approach to finding its Physician Opinion Leader.

Once you have identified a Physician Opinion Leader, arrange a meeting with him/her. Prior to the meeting, mail or fax him/her the one-page CHAP Information

Sheet (Appendix 3.0) so that he/she can have a general understanding of the goals and mandate of CHAP.

A representative of the Local Lead Organization should also be invited to this meeting, as well as the Regional Program Coordinator, if possible. Review CHAP with the Opinion Leader: its history, mandate, goals, time frame, successes, key stakeholders, and the role that he/she can play.

A Physician Opinion Leader is indispensable in recruiting other physicians to the Program. Other local physicians will be receptive to hear what their well-regarded colleague has to say about CHAP.

Ask the Opinion Leader to play a key role in the recruitment of physicians by:

- **Delivering presentations at information sessions or meetings.**
- **Signing information letters and invitations to local physicians.**
- **Talking with other physicians about CHAP on an informal basis.**
- **Helping to identify alternative ways to recruit local physicians.**

Finding Physicians

There are several ways to find physicians in your community:

1. The Yellow Pages™
2. Internet searches (e.g., College of Physicians and Surgeons of Ontario website: www.cpso.on.ca)
3. Memberships in medical associations
4. Talking with the local public health unit

Once you have a complete list of local family practitioners, input their names and contact information [mailing address, telephone number (public and/or business line), fax number, e-mail address] into a database (i.e., MS Excel). This will be the electronic document that will contain all physician-related information throughout CHAP.

How to Recruit Physicians

There are a number of methods that can be used to recruit physicians:

1. With your assistance, have the Physician Opinion Leader

invite all local family physicians to an information session hosted by the Physician Opinion Leader. A member of the CHAP Advisory Group should be invited to attend this session, if possible, as well as the CHAP Regional Program Coordinator.

2. Attend an existing meeting of physicians, where CHAP can be an Information item on the agenda. For example, the family physicians may meet regularly as a group, possibly convened by the hospital.
3. Mail letters to local physicians and follow up with phone calls and office visits.

This list is by no means exhaustive and each individual method of recruiting physicians works best when it is used in conjunction with another. It is highly unlikely that all physicians will be recruited using one particular method only; several methods need to be used to attract a high level of physician interest and participation.

Information Session

Although the actual information session could be held during Weeks 8 to 11, preparation for the session should begin during Weeks 4 to 7.

Appendix 4.0 provides a sample PowerPoint presentation that could be delivered during an information session. Many physicians in the community will not be able to attend the session for a variety of reasons. As such, ensure that attendance is taken at the sessions so that follow-up phone calls and letters can be directed to non-attending physicians. Invite physicians to the information session via a letter signed by the Physician Opinion Leader. The letter should briefly introduce CHAP and outline the format for the session (see Appendix 5.1). Attach the one-page CHAP Information Sheet to the invitation letter (see Appendix 3.0). Adapt the letter template provided to ensure that the CHAP “logo” is included, as well as the Local Lead Organization’s logo.

The information session could be held over lunch or dinner, if funds are available, or over a “brown bag” lunch or “coffee break” session. During any face-to-face meetings, both the Local CHAP Coordinator and the Regional Program Coordinator should play a role in relaying information so that physicians become familiar with them. In addition, you may wish to notify the CHAP Advisory Group of larger gatherings and extend an invitation to the Group Co-Chairs for an Advisory Group representative to attend.

At the end of the session:

- Hand out (and collect) the Family Physician Letter of Understanding (Appendix 5.2) which further outlines the role of the physician.
- Hand out (and collect) the Preferred Options Sheet (Appendix 5.3). This sheet allows participating physicians to indicate their preference(s) for inviting their patients to participate in CHAP.
- In addition, provide a copy of the CHAP Protocol for Blood Pressure Readings to each physician (Appendix 5.4). This document outlines the procedures followed by the peer health educators at CHAP pharmacy-based sessions.

Attend an Existing Physician Meeting

Another effective method of reaching physicians is to “piggy back” onto an existing meeting where a good number of physicians are likely to be present. Such meetings might take place at the hospital, in an academic institution, or within the health unit. The Physician Opinion Leader should ask if a 20 minute presentation about CHAP can be given. The Power Point presentation in Appendix 4.0 could be modified to best suit the meeting. Ensure that the Preferred Options Sheet, the CHAP Protocol for Blood Pressure Readings, and the Family Physician Letter of Understanding are distributed following the presentation.

Letters, Phone Calls and Follow-up Visits

If there are no opportunities for information sessions or meetings, or if you have yet to reach all physicians in your community, send each local physician a letter which provides an overview of CHAP and is signed by the local Physician Opinion Leader. Attach the following to the letter: the one-page CHAP Information Sheet, the Preferred Options Sheet, the Family Physician Letter of Understanding, and the CHAP Protocol for Blood Pressure Readings. Follow the letters up with a telephone call and arrange a short meeting to further discuss CHAP with each physician.

During the follow-up visits, the “office visit checklist” (Appendix 5.5) should be used to ensure all details are covered.

If a few physicians indicate that they still do not wish to participate, follow-up with them again at the mid-way point and at the end of the recruitment process. The growing number of participating physicians may persuade the non-participating physicians to reconsider the Program at that time.

Once you are successful in your recruitment efforts, and all local physicians have signed onto CHAP, proceed to recruit all local community pharmacies to the Program.

Weeks 4 to 7 - Pharmacies

The cardiovascular health awareness sessions will take place in the local pharmacies. As such, the recruitment of all community pharmacies is vital.

Pharmacies are the portal through which residents can participate in the Program. The overall goal is to have 100% of local pharmacies participate. Similar to physician recruitment, the lower the participation rate, the more challenging it is to operate a CHAP, and the less chance CHAP has of maintaining its goal of operating as a community-wide health promotion program.

Each pharmacy should be prepared to hold a minimum of one session per week over a 10 week period. During the sessions, participants who have any questions or concerns about their blood pressure readings or cardiovascular risk profile will be encouraged to consult with their regular pharmacist, as well as their family physician. However, the session pharmacist may be called upon to answer urgent questions and concerns. It is recognized that patients may go to a CHAP pharmacy-based session that is not in their regular pharmacy. However, a copy of the Risk Profile Recording Form can be provided to their regular pharmacist, with the patient's permission.

Pharmacist Champion

At the outset of pharmacy recruitment efforts, take the time to determine whether your community has a "Pharmacist Champion". Somewhat similar to the local Physician Opinion Leader, this person is the pharmacist who is viewed by his/her peers as being a leader in health issues.

Discussions with local physicians, the local pharmacy association, post-secondary institutions, provincial and/or national pharmacist associations, the local health unit, the local hospital administrator, the local lead organization, the Physician Opinion Leader, and the Regional Program Coordinator will help to uncover such an individual, if he or she does exist in your community.

If a Pharmacist Champion is identified, arrange a meeting with him/her before contacting other pharmacists in the area. At the meeting, review the best way to recruit pharmacies to the Program -- Is there a regular meeting of local pharmacists? Is there a local pharmacy group? Is there a specific venue which would work well to

communicate with local pharmacists? For example, the pharmacists may meet regularly for continuing professional development activities. The convener of these meetings may be the local Pharmacist Champion.

Provide the Pharmacist Champion with more information on CHAP: its mandate, goals, time frame, successes, key stakeholders, and the role that the Pharmacist Champion can play in the Program, including:

- **Signing information letters and invitations to local pharmacies.**
- **Meeting with other pharmacists to encourage them to participate in CHAP.**
- **Talking with other pharmacists about CHAP on an informal basis.**
- **Delivering presentations at information sessions or meetings of other pharmacists in the area.**

Finding Pharmacies

There are several ways to find pharmacies in your area and the task should not be as taxing as finding physicians, given that there are generally fewer pharmacists and that pharmacies are highly visible in the community.

The Yellow Pages™ should provide a complete listing of all local pharmacies. As well, use the same research techniques that were suggested for finding physicians – the Internet, www.411.ca, local or provincial pharmacy associations, and the local health unit.

Once you have a complete list of local pharmacies, input them into an electronic database (i.e., MS Excel).



Participants at CHAP pharmacy-based session

How to Recruit Pharmacies

Due to the relatively small number of pharmacies in a community, it is easier and more effective to contact each pharmacy personally in order to discuss CHAP participation. The following method has been effective:

- Call each pharmacy and arrange an appointment to discuss CHAP with the pharmacy manager. In certain cases it may be necessary for the manager to obtain approval from the owner/operator of the pharmacy before he/she joins the Program.
- Following each phone call, fax a copy of the Community Pharmacist Information Sheet (Appendix 6.1), the Pharmacist Documentation Form (Appendix 6.2), and the Pharmacist Letter of Understanding (Appendix 6.3).

During the meeting:

- Discuss CHAP in more detail.
- Discuss the Letter of Understanding (LOU).
- Obtain verbal agreement to participate.
- Review the Pharmacist Documentation Form (completed samples of the Form can be found in Appendices 6.2.1 to 6.2.3).
- Review the CHAP Protocol for Blood Pressure Readings.
- Review the types of patients that may be referred to session pharmacists.
- Review expectations of pharmacists.
- Determine the best location within the pharmacy to hold the sessions. Keep in mind the flow of customer traffic through the pharmacy.
- Determine the best times and dates to hold sessions.
- Ask whether the pharmacist would be willing to include a copy of the session schedule in each customer's prescription bag.
- Identify who will be the liaison for CHAP from the pharmacy.

Following the meeting:

- Update the electronic database of participating pharmacies. Include the name and contact information for the pharmacist/pharmacy representative who should be contacted about any questions or issues that arise during the operation of the CHAP sessions.
- Send a letter of confirmation to each pharmacist regarding their participation in CHAP and the schedule for sessions.
- Advise the volunteer peer health educators, participating physicians, and the community health nurse about the participating pharmacies.
- Follow up with each pharmacy regarding session set-up
 - Are there any tables and/or chairs available on location for the sessions?
 - Will the peer health educators have access to the pharmacy washrooms during the sessions?
 - Where are the electrical outlets (for the blood pressure machines) located?
 - Will there be parking available for the peer health educators? Is it free?
 - Ensure that the session set-up will not block emergency exits.

For those pharmacies that do not wish to participate, consult with the Pharmacist Champion and/or the local Physician Opinion Leader for advice on how to encourage them to participate. Once you have exhausted all efforts to encourage the pharmacies to get on board, and one or two still do not want to participate, move on with the implementation process with those pharmacies who are willing to participate.

Before finalizing your session schedule, contact any non-participating pharmacies to confirm whether or not they would like to participate. When preparing the session schedule, keep in mind the size of each pharmacy. In other words, you will want to invite the greater numbers of participants to those pharmacies that are larger and can best manage the flow of traffic during busy CHAP pharmacy-based sessions.

Weeks 4 to 7 - Community Health Nurse

At the beginning of Week 4, an advertisement should be placed in the community newspaper (and other appropriate venues) to recruit a community health nurse. See Appendix 1.3 for a community health nurse job description. The nurse will be expected to work approximately 20 hours per week over an approximate three month period. The recruitment process will likely take 4 to 6 weeks.

The responsibilities of the community health nurse include:

- Assist in the development and delivery of peer health educator training sessions (See Appendices 7.1 and 7.2 for topics covered in the training).
- Be available on-call during the CHAP pharmacy-based sessions to respond to peer health educator questions and address urgent cases that require reassessment.
- Drop in on CHAP sessions weekly to assess operations and to make corrections, as needed.
- Attend the peer health educator debriefing sessions.

Weeks 4 to 7 - Volunteer Peer Health Educators

Volunteers most frequently get involved in an opportunity for one of three reasons:

- They are asked by someone to participate/volunteer.
- They learn about the opportunity through an organization.
- A family member or relative would serve to benefit from the program.

Given that cardiovascular disease and stroke is an issue that affects a large portion of the Canadian population, notably seniors, the possibilities for recruiting volunteers to help operate the CHAP program are favourable and numerous.

Volunteers will want to know what their commitment to CHAP will mean in terms of their time and what will be expected of them. Elderly volunteers are usually busy people and likely have a set schedule of activities or routines. They most often prefer to avoid volunteering on weekends so that they can see their grandchildren and other members of their family. Elderly volunteers will also want to know how many weeks CHAP will require their assistance.

Recruiting volunteer peer health educators is an essential part of CHAP. Four volunteers are needed to run most CHAP pharmacy-based sessions, but it is highly recommended that you have five volunteers for sessions that you anticipate will be very well attended.

Briefly:

- **One** volunteer greets the participants, helps them to sign in and instructs them to sign the consent form.
- **Two** volunteers are assigned to fill out the top portion of the Risk Profile Recording Form, ask the risk profile questions, complete the pharmacist and physician identification information, measure and record the blood pressure reading, and make recommendations based on the pre-set protocol. These volunteers also connect the participant with community health education resources relating to their responses to the cardiovascular risk profile.
- **One** volunteer is asked to offer assistance in any of the above tasks, or to be on standby during breaks, or for any ill or absent volunteers.
- **One** additional volunteer is needed to help out in all areas during sessions that are anticipated to be very well attended.

Keep in mind that the different roles in the CHAP sessions will require different skills. As you get to know the volunteers, you will be able to match them to the most appropriate role. Some volunteers will appreciate the opportunity to switch roles from session to session, while others will prefer to stick with what they do best.

The total number of volunteers needed to run the sessions in your community will depend on the number of pharmacies in your community and the number of participating physicians. Generally, the number of volunteers needed ranges from 20 to 60.

Some of the parameters that will help to determine the number of volunteers you will need to recruit are:

- Four volunteers are required to run most sessions. Five are needed for sessions that are anticipated to be well attended.
- Volunteers should be expected to participate in at least one session per week.
- Pharmacies are asked to commit to a minimum of one session per week.
- Sessions will typically run over a ten week period.
- Total number of CHAP sessions over a ten week period.

A general rule of thumb is:

- up to 5 pharmacies – 20 to 30+ volunteers needed
- 6 to 10 pharmacies – 30 to 40+ volunteers needed
- 11 to 15 pharmacies – 40 to 60+ volunteers needed



Volunteer peer health educator assisting CHAP participant

Experience has shown that sessions which will be attended by participants who received a personal letter of invitation from their doctor are busier than those sessions attended by participants who were invited solely via tickets or community-wide advertising. As indicated, busier sessions will need five volunteers.

For the purposes of CHAP, seniors are the best group from which to draw volunteer peer health educators. The recommended age range of 55 years of age and older works well for the following reasons:

- Participants are more comfortable having people their own age – their peers – take their blood pressure and converse with them on health issues.
- Seniors are more keen to volunteer for the Program, given that the subject matter is of interest and relevance to them.
- People in this age range are often retired and, as a result, have more free time on their hands to work as volunteers.

- Volunteers in this age range have demonstrated a high level of commitment to the successful operation of previously-held CHAP pharmacy sessions.
- This age group is part of the “target group” and, as such, peer health educators can act as ambassadors for the Program with friends and family members who might also benefit from attending a CHAP pharmacy-based session.

Volunteers should live within close geographic proximity to the Program area and be able to commit to attend two training sessions, and a minimum of one CHAP pharmacy-based session per week over a 10 week period. (Occasional absences due to illness or planned events/vacation are expected). Volunteers must arrive at least 20 minutes prior to the start of each session in order to help with the session set-up.

How to Recruit Volunteer Peer Health Educators

- Refer to the Community Profile developed in Weeks 1 to 3 for a list of groups to contact to recruit the required number of volunteers. These groups will include volunteer centres, seniors' community centres, and faith groups.
 - Telephone each group and follow-up with a letter, by fax or mail, which provides an overview of CHAP, the role of the volunteer peer health educators, and the expected commitment of volunteers (See Appendix 2.2 for a sample volunteer recruitment poster).
 - Telephone each group again to confirm that they have received the mailed or faxed information. Arrange a convenient time to introduce CHAP and its volunteering opportunities to the seniors in the group/organization.
 - Place an advertisement in the local newspaper.
 - Post as many posters about the Program as possible in the various locations where seniors gather and include a tear-off section on the poster that provides the name and telephone number of the person who can be contacted for more information about CHAP.
 - Try to garner speaking engagements that allow you to promote CHAP and its opportunities for volunteers.
- Asking pharmacists if they would be willing to insert an advertisement into prescription bags to recruit volunteers .
 - Contacting the local volunteer's bureau and ask them to post volunteer peer health educator job descriptions.
 - Constructing a link from the town/city's website to the CHAP website.

As you recruit volunteers, begin a volunteer peer health educator database that includes contact information for each volunteer, their potential availability and document how they heard about CHAP.

Once your list of peer health educators is confirmed, begin to coordinate training sessions. Attempt to train the volunteers in groups of 10 (training sessions are held during Weeks 8 to 11).

Training Sessions

Each volunteer must attend two training sessions. More detailed information about the training sessions is found in the description of Weeks 8 to 11 of CHAP implementation. The training sessions begin with the peer health educator volunteers being asked to sign the CHAP Volunteer Peer Health Educator Letter of Understanding (see Appendix 7.3).

Other resources to help with volunteer recruitment include:

- Contacting the Canadian Association of Retired People, which has local branches throughout Canada.

Weeks 8 to 11

Preparing for CHAP Pharmacy-based Sessions

Objectives - Weeks 8-11

Hold information sessions/meetings with physicians and pharmacists and/or schedule office visits.

Implement invitation strategies according to options selected by physicians (i.e., letters, tickets, or advertising).

Hold training sessions with volunteer peer health educators.

Send Clinforma the list of participating physicians and pharmacists so that ID codes can be assigned.

Develop a schedule for the CHAP pharmacy-based sessions.



Weeks 8 to 11 should be used to complete recruitment efforts, hold any information sessions, finalize physician and pharmacy visits, hold peer health educator training

sessions, contact patients, as per physician's requests, and make final preparations for the CHAP pharmacy-based sessions.

Information Sessions/Meetings

Appendix 4.0 provides a sample PowerPoint presentation that can be downloaded and modified for any scheduled information sessions and/or meetings in which information on CHAP is requested.

As outlined in Weeks 4 to 7, the following handouts should be provided at face-to-face sessions/meetings:

Physicians:

- One-page CHAP Information Sheet (Appendix 3.0)
- Family Physician Letter of Understanding (Appendix 5.2)
- Preferred Options Sheet (Appendix 5.3)

Pharmacists:

- Community Pharmacist Information Sheet (Appendix 6.1)
- Pharmacist Documentation Form (Appendix 6.2)
- Samples of completed Pharmacist Documentation Forms (Appendices 6.2.1 to 6.2.3)
- Pharmacist Letter of Understanding (Appendix 6.3)

Volunteer Peer Health Educators

- Letter of Understanding (Appendix 7.3)

Implement Invitation Strategies

As soon as a physician indicates how he/she would like his/her patients to be contacted to participate in CHAP, begin the process of patient recruitment.

As mentioned in Weeks 4 to 7, physicians can choose any combination of three options to make their patients aware of CHAP.

Briefly, the three invitation strategies are:

Option 1

Personalized invitation letters prepared and mailed by CHAP staff and signed by physicians (Appendix 5.6).

Option 2

“Tickets” or referrals for a number of CHAP pharmacy-based sessions which can be given to patients by physicians. (Appendix 5.7).

Option 3

Community-wide advertising (Appendix 5.8).

If option 1 is chosen...

The Local CHAP Coordinator will have to determine how he/she can facilitate the mailing of the letter. The physician will need to provide an electronic list that includes the names and addresses of each patient aged 65 and over. Ensure that the title of the person (e.g., Mr., Mrs., etc.) or the patient's gender is indicated so that the letter is addressed appropriately.

The Coordinator will also have to obtain the physician's electronic signature to place at the bottom of each letter. If the physician does not have an electronic signature available, obtain a copy of the signature that can be scanned into a computer. (See Appendix 5.6 for a sample of the letter.)

The actual mailing of the letters will be done by Clinforma. Once the list of physicians choosing this option is confirmed, and a session schedule is completed, contact Clinforma to coordinate the mailing of the letters. The mailing of the letters will have to be staggered due to the sheer number of letters required. Previous experience with personalized invitation letters to sessions has demonstrated that 100-150 people

could be invited to a specific session in addition to the community-wide advertising that takes place.

If option 2 is chosen...

CHAP staff will prepare the "tickets" and the Local CHAP Coordinator will bring the requested quantity to each physician's office. Advise the physician that he/she can contact you for "refills", as needed. (See Appendix 5.7 for a sample "ticket".)

If option 3 is chosen...

The Local CHAP coordinator will develop an appropriate advertisement to go into the local newspapers and also distribute press releases and/or public service announcements. (Consult your Communications Plan) Advertisements will be generic in scope and will be written for the community-at-large. Ads will not be written for individual physicians. (See Appendix 5.8 for a sample advertisement.)

Should the unlikely situation arise that no physician chooses option 3, community-wide CHAP advertising efforts will still take place.

Weeks 8 to 11 - Peer Health Educator Training Sessions

Contact the peer health educators by telephone to confirm the dates of the two training sessions. Participation in the training sessions is mandatory. In anticipation of volunteers not being available for all CHAP pharmacy-based sessions, additional back-up volunteers should also be trained. Training sessions should be held for groups of 10 volunteers at a time to allow ample time for questions and hands-on experience with the BpTRU automated blood pressure device and the Risk Profile Recording Forms.

Appendices 7.1 and 7.2 outline a sample PowerPoint presentation for each training session. The presentation can be downloaded and modified to best suit the needs of volunteers. Copies of these slides should also be made available to the volunteers attending the sessions. This will minimize note-taking by volunteers and increase the time for questions and answers among the Local CHAP Coordinator, community health nurse and the volunteers during the training sessions.

The community health nurse will lead the sessions. The Local CHAP Coordinator should coordinate and be present at each session. This is an opportunity to continue to establish a rapport with the volunteers.

Briefly, the sessions will include:

Session 1:

- Distribution and collection of the Volunteer Peer Health Educator Letter of Understanding
- A brief overview of CHAP goals and community implementation
- Information on:
 - cardiovascular health
 - high blood pressure
 - healthy versus non-healthy lifestyles
 - modifiable versus non-modifiable risk factors
- Opportunities throughout session for questions from volunteers

Session 2:

- Details on running the CHAP pharmacy-based sessions
- More details on the role of the peer health educators
- Ample time for hands-on practice with the BpTRU and completing the Risk Profile Recording Form
- Review session set-up
- Opportunities throughout sessions for questions from volunteers

Following the first training session, confirm with the volunteers that you will be contacting each one of them shortly regarding the schedule of CHAP pharmacy sessions that they will participate in. Ensure that volunteers are aware that they are required to arrive at their scheduled session 20 minutes early to help with the set-up.

Contact Clinforma

Clinforma will have a toll-free fax number to receive Risk Profile Recording Forms. Your Regional Program Coordinator will confirm what that number is.

Once the list of participating physicians and pharmacies is confirmed, fax or e-mail it to Clinforma. Clinforma will then assign a unique code to each pharmacy and physician and return the coded list to you. A copy of these codes must be at each CHAP pharmacy-based session so that peer health educators can include the codes for each participant's physician and regular pharmacist on the Risk Profile Recording Form.

This is also an appropriate time to do a series of "test fax transmissions" with Clinforma. Secure a fax machine that you will consistently use, for example, in the local CHAP Lead Organization, to fax the Risk Profile Recording Forms into Clinforma during the sessions. Send several test faxes to ensure that the fax machine you will be using and the Clinforma systems are compatible.

Schedule of CHAP Pharmacy-based Sessions

A good schedule is a logistical priority for the successful operation of the sessions. A significant amount of planning needs to go into the schedule so that the ten weeks of sessions can operate smoothly and have the best distribution of participants. (See sample schedule in Appendix 8.1)

CHAP pharmacy-based sessions can only be scheduled during weekday mornings for the following reasons:

- CHAP pilot studies revealed that the majority of older adult participants preferred morning sessions.
- Blood pressure tends to fluctuate throughout the day. Holding sessions at the same time every day helps to improve the accuracy and consistency of the blood pressure readings.

In larger communities, it may be necessary to hold two sessions simultaneously, due to a high number of participating pharmacies. In these instances, it is at the discretion of the Regional CHAP Coordinator to determine whether he/she needs to hire an Assistant to help with the set-up and operation of some of the sessions. If an Assistant is required, the Local CHAP Coordinator must ensure that the Assistant receives the peer health educator training so that he/she is well versed in the Program.

The schedule is also guided by the patient invitation options chosen by physicians. Those physicians who choose to send a personal letter of invitation to their patients will provide for the busiest sessions. As outlined in Appendix 5.6, the physician's letter to patients states:

"The session dates, times and locations are listed on the reverse side of this letter. You can choose the sessions that are most convenient for you. The sessions listed are specifically intended for patients in my practice, but other sessions, on different dates and at different pharmacies, will be available if you cannot attend on the specified dates."

Sessions that are designated to a specific physician will require a fifth peer health educator. Past experience has shown that a "number system" is a valuable tool to help with the flow of participants during these busiest sessions. Participants are given a number upon their arrival to ensure that they use the blood pressure monitoring device and complete their cardiovascular risk profiles on a first come, first serve basis.

When developing the schedule, keep in mind that all pharmacies do not open at the same time. Coordinators need to be at each session 20-30 minutes prior to the session start time and, as such, consideration will have to be given to the pharmacy's regular hours.

In addition, remember that the larger pharmacies will be better able to accommodate those sessions with anticipated high levels of participants (notably those where personalized letters of invitation were sent by the family physician).

The following is a step-by-step process for preparing the CHAP pharmacy-based session schedule.

<i>Step 1</i>	<p>Map out the 10 weeks for sessions on a spreadsheet. Remember that sessions are only held in the mornings from Monday to Friday.</p> <p>The Local CHAP Coordinator must be at each session and, as such, only one session per day can be scheduled. If two sessions must be held at one time, the Regional Coordinator must determine the need for an Assistant to help with the logistics of running simultaneous sessions.</p>
<i>Step 2</i>	<p>Allot sessions to physicians who have sent, or will be sending, a personalized letter of invitation to their patients.</p>
<i>Step 3</i>	<p>Fill in the remaining dates with sessions to be attended by people who have heard about the CHAP pharmacy sessions through the community advertising, or who have received "tickets" from their physician.</p>
<i>Step 4</i>	<p>Verify the session dates and times with the physicians and pharmacies.</p>
<i>Step 5</i>	<p>Assign volunteer peer health educators to each session.</p>
<i>Step 6</i>	<p>Send letters of invitation to patients as the dates and times are confirmed by the pharmacists/physicians.</p>
<i>Step 7</i>	<p>Prepare the tickets and drop off the required number to each physician who has requested this method of invitation.</p>
<i>Step 8</i>	<p>Contact the local newspapers and forward the schedule/advertisement for inclusion in the paper. If possible, have the ad run for the duration of the ten weeks of the Program.</p>
<i>Step 9</i>	<p>Send out press releases to all local media (print, radio and television) which outlines the schedule and an invitation for seniors in the general public to attend.</p>
<i>Step 10</i>	<p>Post the schedule around the community where seniors gather, including pharmacies.</p>
<i>Step 11</i>	<p>Send a copy of the schedule to any organizations that have posted information about CHAP on their website (that is, the local municipality, the hospital, and the public health unit). Ask if they can update the information by including a copy of the schedule.</p>
<i>Step 12</i>	<p>Ensure that the following people have a final copy of the schedule: Regional Program Coordinator, physicians, pharmacies, Local Lead Organization, community health nurse, all peer health educators. A copy of the schedule should also be readily available at each session.</p>

Weeks 12 to 22 CHAP Pharmacy-based Sessions

Objectives - Weeks 12-22

Ensure the successful operation of CHAP pharmacy-based sessions.

Manage the flow of data to physicians, regular pharmacists, patients.



Before you proceed with the implementation of Weeks 12 to 22, ensure that all of the following items have been completed:

- ☑ All, if not the majority, of local physicians and pharmacies have agreed to participate in CHAP.
- ☑ Letters of Understanding are signed by participating pharmacies, family physicians and peer health educators.
- ☑ Preferred Options Sheets are signed by participating physicians.
- ☑ Patient letters are ready to be mailed by Clinforma, on behalf of physicians, on a staggered basis.
- ☑ Session tickets are ready to be distributed to physicians, where requested.
- ☑ Community-wide advertising has taken place or is underway. (Press releases sent, advertisements placed and posters distributed throughout the community.)
- ☑ A list of participating physicians and pharmacies has been faxed or e-mailed to Clinforma and codes have been assigned to each.
- ☑ All participating physicians and pharmacists have reviewed the CHAP Protocol for Blood Pressure Readings.
- ☑ The required number of peer health educators has been recruited.

- ☑ Peer health educators are trained and assigned to specific sessions.
- ☑ Site visits to each of the pharmacies are complete and a list of the necessary equipment (tables, chairs, markers, etc.) has been made and allocated.
- ☑ A schedule of CHAP pharmacy-based sessions has been completed and received by all peer health educators, participating physicians and pharmacies, the community health nurse, and the Local Lead Organization.

Component parts required to successfully operate a series of CHAP pharmacy-based sessions include:

- A well-developed and distributed schedule of sessions.
- A well-prepared Local CHAP Coordinator.
- The compilation of required forms and educational materials for each pharmacy session.
- Well-prepared pharmacy sites.
- A comprehensive protocol for blood pressure readings.
- A plan of action for the management of data.

Local CHAP Coordinator

These ten weeks of sessions will be some of the busiest for the Local CHAP Coordinator, given that the successful operation of the sessions is his/her ultimate responsibility.

Detailed responsibilities during this time will include:

- Ensure that each pharmacy session is set-up appropriately and allows for an effective and efficient flow of participants.
- Ensure that each session has the appropriate educational materials and forms on-hand and displayed.
- Ensure that data collected at each session is well managed – copies faxed to Clinforma, copies handed to participants and consent forms filed.
- Arrive at each pharmacy at least 20 to 30 minutes prior to each session to set up.
- If a scheduled peer health educator does not arrive at the session, and there is no designated back-up, it is the responsibility of the Local CHAP Coordinator to fill in.
- Ensure that the session is run in a friendly and flexible manner and that patients feel welcomed and comfortable as they arrive and await their turn.
- Ensure that all peer health educators are trained on the varying aspects of operating the session so that they can easily move from one responsibility to another to allow the session to flow well.
- Some peer health educators will be more comfortable interacting with participants than others. It is the Coordinator's responsibility to assign peer health educators to tasks that best suit their skills and to fill in any gaps that become evident during the operation of the session.
- Ensure that volunteers are aware that they should take turns having a 10-minute break, and encourage this during slower times.
- Hold a debriefing session with volunteer peer health educators at the end of week two of ten to receive feedback on the operation of the sessions and to remedy any operational glitches.

While there are a large number of tasks to do each week, the Local CHAP Coordinator should be reassured that the sessions operate for ten weeks only and become easier as all parties become more experienced in their roles.

Forms

At each CHAP Pharmacy-based session, a sufficient number of the following forms must be on hand:

- Patient sign-in sheet (Appendix 8.2)
- Patient consent form (Appendix 8.3)
- Risk Profile Recording Form (Appendix 8.4) (Ensure that the forms on-hand are those with the correct code for the specific pharmacy in which the session is being held.)
- CHAP pharmacy-based session schedule (one for posting and other copies in case the pharmacist is willing to staple the schedule to patient's prescription bags.) (See Appendix 8.1.)
- Name tags for peer health educators and Local CHAP Coordinator (Appendix 8.5)

Ensure that there are ample copies of the Risk Profile Recording Form. Bring double what you think you will need.

Educational Materials

The challenge in distributing educational materials to participants is to have an appropriate amount on hand, so as not to overwhelm participants with a lot of "take-home" material. Each participant should receive material that is relevant to him/her. For instance, a participant who indicates on his/her risk profile that he/she smokes should be offered information on smoking cessation. If space permits, also display the educational materials in an area where participants can read through them as they await their turn, or as they leave the session. This "self-serve" format will give participants the opportunity to obtain information on potentially "sensitive" health issues that they may not be comfortable talking to the PHE about.

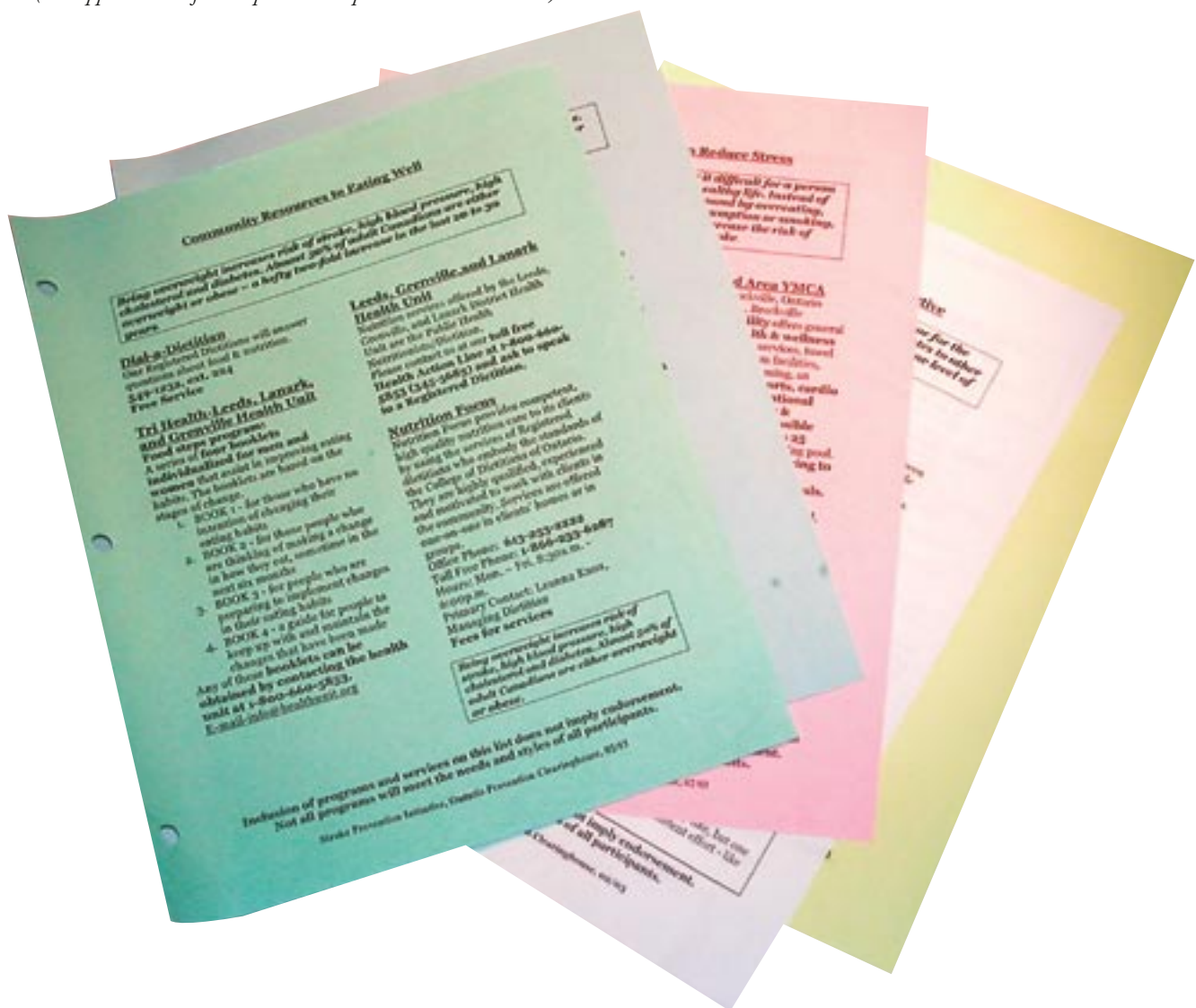
In previous CHAP pharmacy-based sessions, Coordinators have contacted the Ontario Prevention Clearinghouse to receive information about the health promotion resources in their community (www.opc.on.ca, info@opc.on.ca, or 1-800-263-2846). Other provinces will have similar health promotion resources. The Clearinghouse can forward relevant resources and publications on health promotion. Previously, CHAP sessions had five fact sheets on-hand for distribution to participants. These fact sheets included:

- Community Resources to Eating Well
- Community Resources – Alcohol Use
- Community Resources to Help Reduce Stress
- Community Resources for Staying Active
- Community Resources for Breaking the Habit
(See Appendix 8.6 for samples used at previous CHAP sessions).

In addition, Coordinators should contact local organizations to obtain other appropriate information and resources. Organizations such as the Heart and Stroke Foundation, the Kidney Foundation, and the Diabetes Association will likely have relevant material for distribution at the pharmacy-based sessions.

The Heart and Stroke Foundation has a valuable wallet-sized information card, entitled *Get Stroke Smart!*, which outlines the warning signs of a stroke. This card should be distributed to all participants (See Appendix 8.7). These cards can be obtained from the local Heart and Stroke Foundation office.

In addition, the CHAP-produced information sheet, “Blood Pressure Basics” (Appendix 8.8) should be made available at all sessions.



Well-Prepared Sites

It is the responsibility of the Local CHAP Coordinator to ensure that each site has the tools needed to operate effectively and efficiently. Each site will be set up differently, given that the space allotted to CHAP will vary from pharmacy to pharmacy. As well, other events or promotions may be taking place in the pharmacy at the same time as CHAP. Be prepared to set up in a different area of the pharmacy, as requested.

The flow of participants through the session needs to be taken into account before setting up the session.

Each pharmacy session should have: a greeting station, a waiting area and two or more blood pressure stations. Coordinators should arrive at each session at least 20-30 minutes early to set up.

The following is a list of some of the items that will be needed at each session:

- ☑ Four to Five BpTRU devices
- ☑ Three card Tables
- ☑ Six chairs
- ☑ Health promotion materials
- ☑ Pens
- ☑ Pad of paper
- ☑ Sticky notes
- ☑ Tape to mount posters
- ☑ Poster
- ☑ Consent forms
- ☑ Risk Profile Recording Forms
- ☑ List of physician and pharmacist codes, as supplied by Clinforma
- ☑ Copies of CHAP Protocol for Blood Pressure Readings
- ☑ Community health nurse contact number (pager/cell)
- ☑ Name tags for volunteers and Local CHAP Coordinator
- ☑ Correction tape
- ☑ Number system
- ☑ Power bars and extension cords
- ☑ Duct tape (to cover extension cords)
- ☑ Clipboards
- ☑ Container/box for completed forms
- ☑ Extra copies of the session schedule
- ☑ Small pillows (to be used when taking the blood pressures)

Protocol for Blood Pressure Readings

Appendix 5.4 outlines the CHAP Session Recommendation Protocol for Blood Pressure Readings. The community health nurse, the Local CHAP Coordinator, and all peer health educators should be well versed on the protocol. Participating physicians and pharmacists should have been given an opportunity to review the protocol by this point.

The community health nurse must have a pager or cell phone throughout the sessions so that she/he can be reached by the Local CHAP Coordinator at all times for cases requiring nurse reassessment.

Data Management

The data collected at each session must be well managed. Volunteer peer health educators must ensure that each participant completes a Patient Consent Form (Appendix 8.3) at the beginning of the session.

Here are some important details:

The Risk Profile Recording Form is printed in duplicate copy.

- Once it is completed, the participant is given the pink copy.
- At the end of each session, fax all white copies to Clinforma, starting with the fax cover sheet (see Appendix 8.9). If the participant has not given consent on the Form for the information to be sent to his/her family physician, or regular pharmacist, the computer will not generate a report for that participant.

Clinforma Guidelines for Completing the Risk Factor Recording Form:

- Use black pen only.
- Ensure that the consent questions are complete. If an answer is missing, non-consent is assumed, and the results will not be forwarded to the family physician, nor the regular pharmacist.
- Ensure that there are no stray marks on the form. Use sticky notes instead.
- Ensure that the sticky notes are removed before faxing the forms to Clinforma.
- Do not use apostrophes, spaces or periods when writing names. Hyphens are okay. For example: O'Brien → OBRIEN; Smith-Jones → SMITH-JONES; St. Louis → STLOUIS
- Use leading zeros (for example: 087, not 87)
- Fill in the circle completely. Do not use an X or ✓.

- If a mistake is made, use the correction tape to completely remove the mark. If an incorrect circle was filled in, cover the entire mark, including the outline of the circle if necessary, and fill in the correct response.

The fax cover sheet can be found in Appendix 8.9. The amount of time required to fax the forms will depend on the number of forms, as well as the speed of the fax machine being used. It is best to secure one fax machine that can be dedicated to this purpose throughout the 10 weeks. Fax the forms in batches of 10 to Clinforma's toll-free number, which has been provided by the Regional Program Coordinator.

It is the responsibility of the Local CHAP Coordinator to review each form before it is faxed. Check the forms for obvious spelling errors, missed boxes, mistakes that have not been completely covered, and ensure the codes are entered correctly. If this is the participant's first visit, ensure the consent form was signed.

Some participants may not have a family physician or regular pharmacist. In these instances, PHEs will use the codes for "no physician" and "no pharmacist" that have been provided by Clinforma.

Sessions may be attended by individuals who live outside of the area and/or by individuals who are patients of a non-participating physician. These participants are welcome to attend CHAP pharmacy-based sessions and will be given a copy of their Risk Profile Recording Form. However, profiles and readings for these individuals will not be forwarded to either their physician, or their pharmacist. Invite these participants to share their copy of the Risk Profile Recording Form with their health care providers.



CHAP pharmacy-based session participants

Weeks 23 to 24 Program Wrap-up

Objectives - Weeks 23-24

Wrap up the CHAP Program.

Hold a debriefing session for volunteer peer health educators.

Distribute and summarize results of post-CHAP peer health educator survey.

Draft final report.



The final two weeks of the Program are set aside for the Local CHAP Coordinator to wrap-up the Program, debrief volunteer peer health educators, review and summarize the results of a peer health educator survey, and prepare a final report on CHAP. In addition, a thank you letter to participating physicians and pharmacies should be sent.

Debriefing Session

Once all sessions are completed, a debriefing session should be held with all volunteer peer health educators. The CHAP Regional Coordinator, a representative from the Local Lead Organization and the CHAP Advisory Group should be invited as well. One of the objectives of the session is to formally thank the volunteers for their efforts and commitment to the Program. As such, it is an appropriate opportunity to approach local agencies and organizations to secure funding, or in-kind contributions, to help fund a lunch/dinner.

The overall objectives of the debriefing session are to:

- Thank volunteers for their time and dedication to CHAP over the past 10 weeks.
- Share some of the preliminary data with the volunteers (number of sessions held, number of volunteers, number of participants, number of visits, percentage of local physicians and pharmacists participating, etc.).
- Provide an opportunity for volunteers to share their experiences with each other and the local team, and to express any suggestions or concerns about the Program.
- Provide a forum for the PHEs to complete the CHAP Volunteer Peer Health Educator survey.

CHAP Volunteer Peer Health Educator Survey

A copy of the Volunteer Peer Health Educator Survey can be found in Appendix 9.1. During the debriefing session, distribute a copy of the survey to each volunteer. Ask them to complete the surveys before they leave the session to ensure a higher rate of return.

The objective of the survey is to receive feedback from the volunteers on how they heard about the Program, why they made the decision to volunteer, what went well during sessions, and what areas could be improved upon.

If a volunteer is unable to attend the debriefing session, mail him/her a copy of the survey, with a pre-paid return envelope, and ask him/her to promptly return the completed survey to you.

The results of the survey will be very helpful in completing the CHAP final report. Once the Local CHAP Coordinator has reviewed all surveys and completed the final report, a copy of the surveys should be attached to the report.

Final Report

A downloadable template of the report is found on the CD and the website. A print copy of the report template can be found in Appendix 9.2.

The report must be filed with the Regional Program Coordinator before the end of the 24th week of CHAP. In addition, a copy of the report must be sent to the Local Lead Organization, as well as the funding groups.

The objective of the report is to provide a comprehensive record of the successes and challenges with the implementation of CHAP within your community.

Regional Program Coordinators will review all reports received from the Local CHAP Coordinators and forward the highlights onto the CHAP Advisory Group so that any Program changes or improvements can be made.

When completing the report, keep it precise and no more than 10 pages long. The report must include, as appendices, samples of all locally produced documents, such as the Communications Plan, surveys, press releases, advertisements, press clippings, posters, and the session schedule.



Volunteer peer health educator thank-you luncheon

Appendices

1.0 Job Descriptions

- 1.1 Regional Program Coordinator
- 1.2 Local CHAP Coordinator
- 1.3 Community Health Nurse
- 1.4 Volunteer Peer Health Educators

2.0 Communications Plan

- 2.1 Media Releases (three examples)
- 2.2 Posters/Newspaper Advertising – Volunteer Recruitment
- 2.3 Posters/Newspaper Advertising – Community-wide Advertising

3.0 One-page CHAP Information Sheet

4.0 CHAP Power Point Presentation For Information Sessions

5.0 Physicians

- 5.1 Physician Letter of Invitation to Information Session
- 5.2 Family Physician Letter of Understanding
- 5.3 Preferred Options Sheet
- 5.4 CHAP Protocol for Blood Pressure Readings
- 5.5 Office Visit Checklist
- 5.6 Invitation Letter to Patients
- 5.7 Tickets for CHAP Pharmacy-Based Sessions
- 5.8 Community-Wide Advertising for Patients to Attend Sessions

6.0 Pharmacies

- 6.1 Community Pharmacist Information Sheet
- 6.2 Pharmacist Documentation Form
- 6.2.1-6.2.3 Samples of Completed Pharmacist Documentation Forms
- 6.3 Pharmacist Letter of Understanding

7.0 Volunteer Peer Health Educators (PHE)

- 7.1 Power Point Presentation – Training Session 1
- 7.2 Power Point Presentation – Training Session 2
- 7.3 Letter of Understanding

8.0 CHAP Pharmacy-based Sessions

- 8.1 Schedule
- 8.2 Patient Sign-in Sheet
- 8.3 Patient Consent Form
- 8.4 Risk Profile Recording Form
- 8.5 Name Tags
- 8.6 Sample of Ontario Prevention Clearinghouse Reference Material
- 8.7 Get Stroke Smart! Wallet Card
- 8.8 Blood Pressure Basics Information Sheet
- 8.9 Clinforma Fax Cover Sheet

9.0 CHAP Program Wrap-up

- 9.1 Volunteer Peer Health Educator Survey
- 9.2 Final Report Template