INSTRUCTIONS FOR COMPLETING FORMS

Instructions are organized as follows:

I...
....General Instructions That Apply to All Forms
.... 1
II...
.... Instructions to Complete Cover Pages for All Forms
.... 2
III

I General Instructions That Apply to All Forms

1. Complete “**Provincial Forms**” for initiatives that were *implemented* centrally (e.g., guidelines for health professionals) AND for initiatives that were *developed* centrally and delivered in select communities in the province (e.g., restaurant program delivered in three communities). In more than one province, the latter were called “community-based projects”.

   Complete “**Community Forms**” for communities that had a local management structure and were carrying out a community-wide heart health program (that is, a number of activities in different settings, aimed at various target groups, addressing multiple risk factors). In many provinces, these communities were called “demonstration communities”.

2. Respond to EACH question in one of three ways:

   I. Complete the information requested.

   ii. Write “Cannot complete” beside the question (or parts of it) if you do not have accurate information for it.

   iii. Write “N/A” or “Not applicable” beside the question (or parts of it) if it does not apply to your province (for the provincial forms) or a community (for the community forms).

3. Clearly printed or typewritten responses are acceptable. Please do not write responses. Use ink,

not pencil.

4. Some questions are available on disk. These questions are clearly marked with a computer disk icon. The disk and a directory of filenames are in an envelope in the section "Data Forms" (in the Data Collectors' binders only). If you choose to use computer entry, both paper and disk copies of forms should be submitted. Please write the filename on the paper copy and on the cover page of the appropriate form.

5. Use point form for open-ended responses, except for Form #9 (Provincial) (see instructions for this form).
6. Add explanations, qualifiers or other notes that will clarify your responses.

7. When asked for calendar years, the last two digits of any year are acceptable (e.g., "92" for "1992").

8. The reporting period for the evaluation is the demonstration phase of the Heart Health Initiative (HHI) in your province. If this phase has not ended, include data up to and including **December 31, 1995**. **<u>For this new data collection in 1998/9 include data from January 1, 1996 up to the end of your demonstration phase</u>**

II Instructions to Complete Cover Pages for All Forms

1. Complete the cover page for each form *after* it has been filled out.

2. *Completed by*: Record the name(s) of the person(s) who complete the form.

3. *Comments*: Record any issues that arise when completing the form. What questions were especially difficult? Are you unsure about the accuracy of the information?

4. *# of pages, including this cover*: Record the number of pages for the form. You may have pages in addition to the ones that appear in the current package; for example, if you need more lines in a table than those provided. All information that you enter into the computer should also be submitted on paper copies.

5. *Filenames*: List the filenames you saved each completed question or form as. The filename should also appear on the paper copy as a cross-reference.

6. *Reviewed by*: The Data Collector and the Principal Investigator should sign on the lines provided after they have reviewed the content of the forms and are comfortable with the accuracy and completeness of data.

III Instructions for Completing Provincial Forms

Instructions are given for each form and question.

FORM #1: Demographic Information

*** Do not complete this form; it will be completed by Alison Edwards using 1991 census data from Statistics Canada.

FORM #2: Financial, Human & In-Kind Resources

1. Each province* was required to provide matching funds to receive the federal grant. Give the name of the provincial Ministry and the specific unit/branch/division that provided these matching funds.

   *Ontario is an exception, since the demonstration phase was not funded by Health Canada. Ontario should enter the name of the provincial Ministry and organizational unit that provided funds for the demonstration phase.

2. *Column A*: List all organizations that were involved in the HHI (see column E for possible functions) during the demonstration phase. Include those organizations involved in projects undertaken by the province or community-based projects not reported on Community Forms. **List each organization only once**. Consider the full range of public, private and voluntary organizations, such as:

   - Ministries of Health, Education, Labour, etc.
   - Universities
   - Hospitals and other health care facilities
   - Voluntary organizations (Heart and Stroke Foundation, Cancer, Lung)
   - Workplaces
   - Educational institutions
   - Social service agencies
   - Professional and business associations
   - Restaurants
   - Grocery stores
   - Media outlets
   - Others

   In cases where a single *type* of organization, such as restaurants, carried out the same roles, report multiple organizations on one line as a group (for example: Enter "300 restaurants" rather than individual names of restaurants if 300 were involved in a restaurant program. Another example would be (to enter) "22 workplaces" that were involved in delivering a workplace program.) As illustrated in the examples, record the type of organization and the number that participated.

   Make enough copies of page 5 so that you can record all participating organizations. This table is also available on disk.

   Column B: Circle or underline one response.

Pub	=	government agencies
Priv	=	privately owned companies
Vol	=	voluntary/charitable organizations

   Column C: The years in this question refer to "**project years**". To define these for your province, complete the first page in the Data Forms section labelled "Definition of Project Years for Your

Province". You will also use project years for questions on Forms #3 and #4.

Complete column C on this form if you can estimate within 20% of actual time spent. You do not need to provide an absolute precise number. Entries are **average hours per month** for all staff within an organization. Do NOT include time for Principal Investigators (record this in Question 7 on this form).

Column D: Circle or underline ALL contributions made by an organization.

MSp = provided space for meetings
OSp = provided office space for staff
Stor = provided storage space for educational materials, etc.
Trav = provided money for travel
Prom = provided advertising and promotional support for the project
Mat = provided educational materials for project initiatives
Oth = provided another type of contribution other than those listed AND other than the functions listed in column E). Specify the type of contribution in the space provided.

Column E: Circle or underline all functions that apply to each organization.

Adm = assisted with administration of provincial or federal funds or other management functions
Coal = was a member of the coalition at some point during the demonstration phase
TA = provided technical assistance (e.g., advice, consultation, educational training events, assisted with planning and development of initiatives)
Acc = provided access to target groups
Del = assisted with delivery of one or more projects
R/E = assisted with research and evaluation activities
Oth = assisted in some other way than those listed. List the function in the space provided.

Column F: Report the number of years the organization was involved in the HHI.

Column G: Circle or underline "Y" for "yes, the organization was active in the last year of the demonstration phase OR as of December 31, 1995 if the demonstration phase was not over at that time" or "N" for "no, the organization was not active in the last year of the demonstration phase OR as of December 31, 1995 if the demonstration phase was not over as of then". "Active" means that the organization carried out one or more functions (as listed in column E).

3. *Column A*: List all organizations that provided cash for the project; that is, grants or "new money" for the HHI. Do NOT repeat contributions reported in Question 2 above. Use one line for each organization. Include organizations that provided cash for provincial projects or community-based projects not reported on Community Forms.

Column B: List the "project years" in which the funding was provided. Recording "1-6" would mean project years 1 through 6 (inclusive). Recording 1, 3, 5 would mean the listed project years only. Refer to the page "Definition of Project Years for Your Province" that you completed for Question 2 above. Use the disk version of this table or photocopy it if you need to record more than 15 sources. Number responses consecutively.

Column C: Record the main purpose of the funding. You do not need to be exhaustive here; list the major use of the funds only.

For example:

Health Canada --->	Project staff Evaluation Province-wide media campaign
Kellogg's --->	Sponsorship for Health Risk Assessments

Column D: Enter the total amount of cash estimated within 20% of actual. For organizations that provided funds in more than one project year, sum the amounts provided for all years. If you are not confident that your estimates are within 20% of actual contributions do not enter the values. Enter a note indicating that you can't answer accurately.

4. "Volunteers" are people who donated their time to the project and were not paid for this time **from any source** (Health Canada or any organization).

   Column B: Estimate the number of volunteers for each project year. Enter a number if you are confident that your estimate is within 20% of actual numbers. Individuals who volunteered during more than one project year would be counted each year. On this Provincial Form, include those volunteers who helped with provincial projects and community-based projects not reported on Community Forms.

5. *Column A*: List people who were paid by federal funds or provincial funds during the demonstration phase (or to December 31, 1995). Do NOT include positions with time donated in-kind from organizations (i.e., those organizations listed in Question 2). These staff and contract positions must have job descriptions with responsibilities specific to the HHI written into them. Include positions that had responsibilities for provincial projects and community-based projects not reported on Community Forms. Use the disk version of this table or photocopy the table if the number of positions exceeds 14. Number all positions consecutively.

   Column B: Circle or underline "full" if the position was full-time and "part" if the position was part-time (i.e., anything less than full-time). If the position changed from full-time to part-time or vice versa, then mark the time commitment that lasted the longest.

   Column C: Record the month and year when the position started. Year refers to calendar year.

   Column D: Record the month and year (calendar year) when the position ended.

6. *Column A*: List people and companies that provided service to the Heart Health Initiative for a fee. List those who provided services for provincial projects and community-based projects not listed on Community Forms. Use the disk version or photocopy the page to record more than 19 purchased services.

   Column B: Record the major purpose/type of the service (for example: evaluation, develop a social marketing plan, etc.)

Column C: Enter the date the service started (month and calendar year).

Column D: Enter the date the service ended (month and calendar year).

7. *Column A*: Investigators were/are not paid by project funds. List names of people recognized by Health Canada as "Principal Investigator" or "Co-Investigator". Enter the first and last name.

   Column B: Record the position title when the investigator was first named as such, even if the position changed throughout the demonstration phase.

   Column C: Record the employer of the investigator at the time he/she became an investigator for the HHI.

   Column D: Enter an estimate (within 20% of actual) of the number of days per month, ON AVERAGE that the investigator devoted to the HHI.

   Column E: List the highest post-secondary degree earned.

   Column F: Enter the month and calendar year that the investigator was named.

   Column G: Enter the month and calendar year that the investigator ended his/her term as an investigator. Enter N/A if the individual holds the position of investigator at present.

FORM #3: Provincial Organizational Structure

1. A "provincial coalition" is defined as some gathering of organizations for the purpose of guiding/steering/assisting with the provincial project. It is not necessarily a management structure for the HHI (for example, it may be advisory to a management team). Check one response and go to the appropriate questions, as indicated on the right side of the page.

2. The date formed is the date of the first meeting of the provincial coalition. The date dissolved is the date when the coalition agreed to disband and no longer carry out its functions. If the coalition has not agreed to disband, check the box "still in place".

3. A "lead agency" is an organization that has a primary role in forming, convening and managing/co-ordinating the activities of the coalition.

4. A "written agreement" is documentation of the commitment of organizations to the activities of the coalition. It must be signed by members to be considered an "agreement".

5. Years 1-6 refer to project years (refer to the completed page "Definition of Project Years for Your Province"). Only include meetings of the **full** coalition and not ad hoc meetings or those of sub-groups.

6. Describe in point-form (or attach) the **initial** terms of reference or planned activities of the coalition. Use words like "advisory" and "decision-making" to be clear about its functions and authorities. Provide the terms of reference on disk, if available.

7. List in point-form (or attach) the required contributions of coalition members. This might include things like attending "x" meetings a year, sharing information within one's organization, etc. Provide these on disk if available.

8. Briefly describe in point-form in the space provided (or attach a separate page) any changes in the coalition throughout the demonstration phase.

   a] How did membership evolve (for example: Over the years, more members from non-health sectors were participating in the coalition)?

   b] Did participating organizations take on different roles over time? Did roles of all organizations shift, or some of them, or none at all?

   c] How did the functions/activities of the coalition change over time? Did the coalition evolve from an advisory body to a decision-making body, or vice versa?

9. *Column A*: List all committees and working groups that formed during the demonstration phase (or to December 31, 1995) to assist with provincial-level activities and community-based projects that are not recorded on Community Forms. These groups may or may not be sub-committees of a coalition. Use the disk version of this question or photocopy the page to report more than 15 committees. Please number the committees consecutively.

   Column B: In a phrase, name the primary function of the committee/working group. Is it advisory to the coalition? Is it responsible for a specific project like a nutrition policy? Is it primarily responsible for project finances? Marketing? Public Relations? etc.

   Column C: The date formed is the first meeting date of the group named.

   Column D: The date dissolved is the date of the last meeting of the group. Enter N/A if the committee is still active (i.e., still holding meetings).

FORM #4: Chronology and Selection of Communities

1. List the goals and objectives of the provincial project in the space provided, or attach a list of these. Provide a disk copy if possible.

2. *Column B*: Refer to the page "Definition of Project Years for Your Province" for the start and end dates for each project year. Record major activities such as "coalition building", "strategic planning", "selection of communities", "implementation", "evaluation", etc. This list does not have to be exhaustive; rather, it should reflect main areas of emphasis in general terms.

3. *Column B*: Enter the month and calendar year for each of the milestones listed in column A.

4. *Column A*: List the names of community projects that were operating in defined geographic areas (often referred to as "demonstration communities") and projects that were designed centrally and were implemented in community locations (often referred to as "community-based projects").

Column B: List the names of the geographic communities in which the projects (listed in column A) took place during the demonstration phase. If possible, use the names of communities that are consistent with "standard geographic codes" (or jurisdictions) that are used for census studies OR be as descriptive as possible with names of communities. This will help Alison retrieve the information from the 1991 census data.

5. Check one of the three boxes and provide a brief written description of the selection process. Point form answers are acceptable.

6. Check one response.

7. Check one response. If you check yes, describe the amount of money required from each community in the space provided.

8. Give point form descriptions for community requirements. Submit disk copies if you use computer entry.

   a] What information did communities have to collect? Did they have to allocate a portion of their budgets to evaluation? Were they required to comply with an evaluation protocol? To whom did they submit data?

   b] How often were communities required to report on progress with activities (e.g., planning, implementation, evaluation)? Were standard reporting forms used? To whom did communities report?

   c] Did communities have to report on outcomes? If so, how often? To whom did they report?

   d] Were communities required to report on use of funds? How often? To whom? Was a standard format used?

9. Briefly describe (point-form) other, especially unique, aspects of the process to select/recruit communities (for example, a phased approach whereby seed funds were awarded to prepare proposals).

FORM #5: Inventory of Major Projects

A "**major project**" is one that:

a] Had a set of organized activities aligned with a specific goal.
b] Had a budget assigned to it from the HHI at some point during the demonstration phase.
c] Staff and/or volunteers from the HHI participated in the activities during the demonstration phase.

Major projects to record on the Provincial Form are those that were developed at the provincial level and implemented EITHER province-wide OR in select communities (i.e., community-based projects).
Make a list of the major projects to record.

Make one copy of this form for EACH project.

This form is not available on disk because the format for responding to most questions is checking one or more boxes. However, the cover page includes spaces to record filenames since you may have some responses available on disk from other reports OR you may want to enter some responses on computer. Questions to consider for computer entry are: name of the project, brief description, goals and objectives, lead and collaborating organizations. If you submit responses on disk, please clearly mark filenames on paper copies of text and list them on the cover page.

Project #: Give each project a unique number and record this number at the top of each page.

1. Enter the name of the project such as, "Heart Health for Small Business", "Celebrity Recipe Contest", "Restaurant program", etc.

2. If the project was implemented in one or more communities, please list the community locations.

3. Give a brief, point-form description of the project. Include the major components of the project, such as "multimedia campaign: print, radio, television and sky advertising co-ordinated in design and carried out at 6 month intervals for two years", "grocery store programming: displays, taste tests booths, supermarket tours, and shelf labels in all Loblaws stores", etc. "Products" and "events" resulting from each project will be recorded in Form #7 and #8 respectively.

4. List (or attach) the goals and objectives of the project.

5. Indicate the primary target group; that is, the group that the project was aiming to influence directly AND aiming to influence the most compared to other audiences.

6. Check all that apply for each project.

7. Check all channels that apply for each project. "Channels" are locations/settings in which delivery occurs.

   Schools include any educational institutions (i.e., elementary, secondary, post-secondary).

   Worksites include all places of employment not covered by other channels.

   Health care settings include doctors' offices, hospitals, health clinics and centres, and other settings where primary care is delivered.

   Community agencies include voluntary agencies, health and social service agencies (e.g., Housing Authority, Addiction Research Foundation).

   Food service outlets include locations where food is sold excluding locations covered by other channels listed. Grocery stores and restaurants are the major food service outlets.

   Media include print, radio, and television.

8. These five strategies are from "Promoting Heart Health in Canada". For each project, check **one** box in the "Primary" column and **one** box in the "Secondary" column. The primary strategy should be the one that the project addressed the MOST. The secondary strategy should be the strategy that the project addressed to a lesser extent than the primary strategy but more than the other three.

9. "Active planning" is when the project went beyond the stage of an idea to some action being taken (e.g., forming a group, developing a written plan).

10. "Implementation" is when at least one aspect of the project was delivered.

11. Indicate one of the three options listed. The end of implementation is the last time that any component of the project was delivered. The planned completion date would be the projected date for the final delivery of the last component of the project.

12. A "lead organization" is the agency that was most involved in the project compared to other organizations participating in some way. The lead organization is often responsible for major project functions such as managing a budget, co-ordinating meetings and program delivery, and evaluation. Enter N/A if there is no lead organization.

13. "Collaborating organizations" are those agencies that participated in the project in some way (e.g., technical support, some aspects of delivery, etc.) yet were less involved than the lead organization named in Question 12 above.

14. Complete one of the two options (hours/month OR days/month). Give an estimate of time if you are confident that it is within 20% of actual time spent. Otherwise indicate "can't answer accurately". Include time of all planners and organizers (paid and unpaid) but not of participants (or people who receive some service).

    Indicate the length of time the project was operating in months or years. Include time spent from the date active planning started (see Question 9 above) to the date implementation ended (i.e., the last time any component of the project was implemented) OR to December 31, 1995 (whichever came first).

15. Estimate the total operating budget for the project, either overall or an annual allocation. Do NOT include personnel or in-kind contributions. Estimate cash contributions for the project within 20% of actual.

16. Check one of the four boxes. When completing this question, refer back to the goals and objectives stated in Question 4 on this form. Attach supporting documentation from your project (e.g., excerpts from reports), if available, to support your response.

17. Check one response only.

18. Fill in one box for each row.

    "*Partnerships*" are relationships with organizations.

    A "*provider*" is the organization that had a lead role in delivering the project.

    "*Participants*" are people who *received* one or more components of the project (i.e., some service).

    "*People participating*" in the project are people who received some service.

19. Check one response and complete the questions as indicated. The "project ending" means that components of the project will no longer be delivered.

20. Check one or more boxes as appropriate. "Adopted" by another organization means that an organization has agreed to take responsibility for managing/co-ordinating the project.

21. "Formally assigned" means that the project is written into at least one job description.

22. "Permanent" means established or a routine part of an organization's activities.

23. A "plan of action" means that next steps have been defined to carry the project forward.

24. "Job descriptions" means that responsibilities related to the project are well-defined and in writing.

25. "A clear written description" means that major steps for implementation are documented.

FORM #6: Checklist of Participation in Single and Multiple Risk Factor Activities

Form #5 asks for descriptions of major projects carried out as part of the HHI. This form lists general types of activities addressing single and multiple risk factors in various settings (e.g., schools, workplaces, etc.), which will likely include the projects you report in Form #5. The overlap is expected; each form serves a different purpose. This checklist (Form #6) is intended to document different levels of participation in a wide range of activities whereas the inventory of major projects (Form #5) is intended to gather more detailed descriptions of main areas of emphasis of the HHI.

You will notice that the checklist is not exhaustive; not ALL possible activities are listed. For that reason you are given the opportunity to add to each list with an open-ended question at the bottom of each page asking for "other" major projects. Record the channel/location for other projects you list.

On this Provincial Form report activities carried out at a provincial level, and community-based projects that are not reported on Community Forms.

Single risk factor activities are those activities that address one risk factor; namely, tobacco, healthy eating and physical activity. Multiple risk factor activities are those that address two or more risk factors OR heart health in general.

For each activity listed, indicate the role of the Heart Health Initiative, using a scale[*] from 0-4, where:

0 = **No role** at all

1 = **Did not support** with time, money or other resources (e.g., promotional or educational materials), but **enhanced** the activity (e.g., endorsement)

2 = **Supported** with time, money, or other resources; collaborative effort; HHI had a **support** role (Heart Health Investigators, staff or volunteers had some role in the activity, but one or more partners were more involved)

3 = **Supported** with time, money or other resources; collaborative effort; HHI had a **lead** role

4 = **Supported** with time, money or other resources; Heart Health Investigators, staff or volunteers carried out **independently**

* This scale appears on each page of Form #6 in an abbreviated form.

FORM #7: Inventory of Products

The following instructions apply to all questions on the form:

Products you record will include results or deliverables from the major projects you described in Form #5. This form is collecting a comprehensive inventory of products and is not intended to link them directly to major projects or strategic directions. It is an inventory of "new" products -- that is, products that the Heart Health project developed alone or collaboratively. Include products *adapted* from other groups or organizations (for example, computer health risk assessments).

On the Provincial Forms list all products of provincial-level activities and products of community-based projects not reported on Community Forms.

*** **Please list any single product ONCE only**. This applies to ALL categories in this form (Questions 1-22).

Most of the tables in this form are on disk. If you choose to enter information on disk, please number the products consecutively and print all tables with any information entered.

Read through the full list of categories before you start to complete any of them. This will help you decide where to report certain products.

In addition to a name/title for each product, most tables ask you to report the following:

Target group/recipients -- This is the group that received the product; the group that you were aiming to influence in some way. Identify target groups in a way that best suits the product, which means that specificity will vary across products. For example, magazine articles in the popular press may target the general population (a very broad target group), whereas a display may target teenage smokers (a more specific target group).

Date developed -- Where you are asked to report "date developed", record month and calendar year.

Amount of product delivered/used -- The units for the "quantity of implementation" are tailored to each product (e.g., times aired for television shows, and number distributed for newsletters). The total amount of product delivered is for the entire demonstration phase (therefore, from the start of project year 1 to the end of the demonstration phase OR to December 31, 1995, whichever came first). Record the total number of products distributed/used if you can do so within 20% of actual. List products even if you do not have an accurate estimate of the number distributed/used.

All categories listed on Form #7 are listed below. Definitions are provided for those needing some clarification, and special instructions are given in some cases. Keep in mind that all of these are new products developed or adapted by the HHI (alone or collaboratively) for educational, environment and policy initiatives.

1. *Brochures and Fact Sheets*: Print materials used to give factual information about heart health or individual risk factors.

2. *Displays*: Information and/or interactive components.

3. *Give-away Promotional Items*: Promotional items other than brochures and fact sheets used to promote heart health or individual risk factors.

4. *Self-help Guides*: Print materials designed for individual changes.

5. *Newsletters*

6. *Health Assessment/Screening Programs*: Written, verbal, or computerized questionnaires that give a cardiovascular risk factor profile.

7. *Videos*

8. *Television Spots (less than 30 minutes)*

9. *Television Shows (30 minutes or more)*

10. *Radio Advertisements*

11. *Newspaper and Magazine Articles*: Articles published in the "popular press" (i.e., available to at least 20% of the provincial population). This includes articles "by" and "covering" the HHI.

12. *Implementation/Training Guides*: Guides for service providers with instructions/ideas on how to implement heart health activities.

13. *Resource Inventories/Directories*: Lists of resources/guides/materials that are available for use by service providers or consumers.

14. *Guidelines for Clinical and/or Community Practices*: Guides for health professionals for patient behaviour change, treatment, or screening related to heart health or cardiovascular risk factors.

15. *Scientific Papers -- Published*: Papers that appear in a journal or as a chapter in a book.

16. *Scientific Papers -- In Press*: Papers accepted for publication. Do NOT list papers subsequently published here.

17. *Other Reports/Papers*: Strategic plans, evaluation reports, annual reports, protocol documents, policy reports, proposals, and other documents produced with time or money contributed from the HHI. Do NOT list reports or papers subsequently published or in press here.

18. *Advocacy Products*: Position papers, letters, and other products developed to motivate policy change (i.e., a change in a position or statement held by one or more organizations).

19. *Policies (new or revised)*: Written statements or formal positions of government or organizations for heart health and related risk factors, which the HHI supported with time or money or enhanced in some other way.

20. *Databases*: Quantitative or qualitative databases developed by/resulting from the HHI.

21. *Monitoring and Evaluation Tools*: Needs assessment, process evaluation and outcome evaluation tools developed as part of the HHI.

22. *Spin-off Projects*: Student, community and faculty research projects that were stimulated by the HHI. Any projects reported here should not be recorded as major projects in Form #5.

FORM #8: Inventory of Events

The following instructions apply to all questions in the form:

Events you record will include results or deliverables from the major projects you described in Form #5. This form is collecting a comprehensive inventory of events and is not intended to link events directly to major projects or strategic directions.

On the Provincial Forms list all events of provincial-level activities and events of community-based projects not reported on Community Forms.

*** **Please list any single event ONCE only**. This applies to ALL categories in this form (Questions 1-9).

Most of the tables in this form are on disk. If you choose computer entry, please number events consecutively and print all tables with any information entered.

Read through the full list of categories before you start to complete any of them. This will help you decide where to report certain events (e.g., training events for service providers is a separate category and therefore should not be reported with other presentations).

In addition to a name/title for each event, most tables ask you to report the following:

Target group -- This is the group that participated in/received the service; the group that you were aiming to influence in some way (for example: change attitudes, behaviours). Identify target groups in a way that best suits the event (for example: a presentation may be for the general public whereas a training event for service providers may be for family physicians and office staff).

Number or quantity of events delivered -- Two indicators are asked for in most cases: the number of each event held and the total number of people reached. The units for the "quantity of implementation" are tailored to each event (e.g., number of times delivered for presentations, number of formal meetings with policy makers). Report the amount of implementation for the entire demonstration phase (or to December 31, 1995 if the demonstration phase was not over by then). Record the number of events and the number of people reached if you can do so within 20% of actual. List events even if you do not have an accurate estimate of the number carried out or the number of people reached. Record "can't answer" in columns for which you do not have accurate information.

Dates started -- Record the month and calendar year that active planning for the event started (that is, when an initial step was taken, such as forming a group or writing a plan, to move the event beyond an idea).

Date ended -- Record the month and calendar year when the event was no longer being implemented/delivered.
All categories listed on Form #8 are listed below. Definitions are provided for those that require some clarification and special instructions are given in some cases.

1. *Conference Posters*: Poster presentations featuring the HHI.

2. *Conference Presentations*: Oral presentations that include information about the HHI.

3. *Other Presentations*: Face-to-face delivery of information; one-time delivery of a presentation to a certain audience (the same presentation may be repeated several times but to different members of the same audience). Do not include training events for service providers (see Question 7 below).

4. *Classes*: Face-to-face delivery of information and/or skill building opportunities; repeat exposure for the same audience. Do not include training events for service providers (report those in Question 7 below).

5. *Mass Participation Events*: Events that are open to the general public. Many of these (such as exercise events) require some type of action to be taken by participants. Other events to include in this category are health fairs/festivals, parades, etc.

6. *Strategic Planning Events/*Retreats: Events that are specifically organized for planning overall provincial directions (e.g., strategic planning sessions, public forums). Do not include staff meetings to develop operational plans. Under "invited participants" record general names of groups (e.g., coalition members, public health professionals) rather than names of individuals.

7. *Training Events for Service Providers*: Events for professionals and lay providers to help them plan and deliver heart health activities.

8. *Formal Meetings with Policy Makers*: Meetings related to advocacy for changes in formal positions, statements and practices of organizations. Under "policy makers" record positions and organizations (e.g., administrators of school boards) rather than names of individuals.

9. *Press Conferences*: Media events to promote the HHI (e.g., announcement of the funding, major accomplishments publicized).

FORM #9: Reflections

This form is to capture the "wisdom" of the Canadian Heart Health Initiative including lessons learned from **both provincial and community initiatives**. This form does not introduce a new methodology for collecting lessons learned; rather, the aim is for each province to summarize main reflections which are derived from provincial research and evaluation methodology. Instructions that apply to all questions are as follows:

Aim for approximately 10 pages.

Use a narrative format rather than point form. Responses may be excerpts from existing reports.

Provide all responses on disk.

Provide supporting documentation for responses where appropriate.

The following are instructions for specific questions:

1. Aim to describe **at least one lesson for each of the 6 categories**. Include success stories and failures. Use the bullet points under each category as prompts (or cues) to trigger some ideas but do not feel limited by the points listed. Include items "a" to "c" below for each lesson.

a. Give a brief commentary on the context for the lesson. Consider these questions:

   Is it a lesson from province-wide initiatives or community projects?
   What settings can it be generalized to? Specify key features such as rural or urban communities, cultural groups, geographic size, political structure, organization of the public health system, etc.
   What stage of a project does the lesson apply to (e.g., organizing, planning, early implementation, maintenance, decline)?

b. Briefly describe the methodology that informs the lesson. Is it from ongoing tracking of project activities over five years? Is it from repeat key informant interviews every two years? Is it reflections from the Data Collector and the Principal Investigator?

c. Describe the lesson in narrative (i.e., sentence) form.

2. Describe **at least one, and up to three** of the most successful projects. These can be successes from province-wide initiatives or from one or more demonstration communities/community projects. Please describe how you are defining success; that is, the criteria by which you are judging success. These do not necessarily have to be the initial objectives you set for a project, in that your criteria for success may have changed over time. Describe who identified these as "successes" (i.e., successes from whose perspective?).

3. Describe **at least one, and up to three** of the least successful projects. These can be from province-wide initiatives or from one or more demonstration communities/community projects. Please describe **why** you perceive the project/initiative as unsuccessful. What were you aiming for but did not achieve? Describe who identified these as unsuccessful projects (i.e., failures from whose perspective?).

4. Describe whose perspective is offered here on the "legacy" of the demonstration phase. Record different points of view if these exist.

5. This question lists some key supports offered by Health Canada for the Canadian Heart Health Initiative. Please describe whose perspective is offered in your answers. Reflect different points of view if these exist.

IV Instructions for Completing Community Forms

Instructions are given for each form and question.

FORM #1: Demographic Information

*** Do not complete this form; it will be completed by Alison Edwards using 1991 census data from Statistics Canada.

FORM #2: Financial, Human & In-Kind Resources

1. *Column A*: List all organizations that were involved in the HHI (see column E for possible functions) during the demonstration phase. Include those organizations involved in projects undertaken in the community you defined for one set of Community Forms. Do NOT repeat organizations listed on the Provincial Forms. **List each organization only once**. Consider the full range of public, private and voluntary organizations, such as:

   - Universities
   - Hospitals and other health care facilities
   - Voluntary organizations (Heart and Stroke Foundation, Cancer, Lung)
   - Workplaces
   - Educational institutions
   - Social service agencies
   - Professional and business associations
   - Restaurants
   - Grocery stores
   - Media outlets
   - Others

   In cases where a single *type* of organization, such as restaurants, carried out the same roles, report multiple organizations on one line (for example: Enter "300 restaurants" rather than individual names of restaurants if 300 were involved in a restaurant program. Another example would be (to enter) "22 workplaces" that were involved in delivering a workplace program.) As illustrated in the examples, record the type of organization and the number that participated.

   Make enough copies of page 5 so that you can record all participating organizations. This table is also available on disk.

   Column B: Circle or underline one response.

   Pub = government agencies
   Priv = privately owned companies
   Vol = voluntary/charitable organizations

   Column C: The years in this question refer to "**project years**". To define these for the community, complete the first page in the set of Community Forms in the Data Forms section labelled "Definition of Project Years for the Community". You will also use project years for questions on Forms #3 and #4.

   Complete this column if you can estimate within 20% of actual time spent. You do not need to provide an absolute precise number. Entries are **average hours per month** for all staff within an organization. Do NOT include time for Principal Investigators (record this in Question 7 on the Provincial Form).
   Column D: Circle or underline ALL contributions made by an organization.

   MSp = provided space for meetings

OSp = provided office space for staff
Stor = provided storage space for educational materials, etc.
Trav = provided money for travel
Prom = provided advertising and promotional support for the project
Mat = provided educational materials for project initiatives
Oth = provided another type of contribution other than those listed AND other than the functions listed in column E). Specify the type of contribution in the space provided.

Column E: Circle or underline all functions that apply to each organization.

Adm = assisted with administration of provincial or federal funds or other management functions
Coal = was a member of the coalition at some point during the demonstration phase
TA = provided technical assistance (e.g., advice, consultation, educational training events, assisted with planning and development of initiatives)
Acc = provided access to target groups
Del = assisted with delivery of one or more projects
R/E = assisted with research and evaluation activities
Oth = assisted in some other way than those listed. List the function in the space provided.

Column F: Report the number of years the organization was involved in the HHI.

Column G: Circle or underline "Y" for "yes, the organization was active in the last year of the demonstration phase OR as of December 31, 1995 if the demonstration phase was not over at that time" or "N" for "no, the organization was not active in the last year of the demonstration phase OR as of December 31, 1995 if the demonstration phase was not over as of then". "Active" means that the organization carried out one or more functions (as listed in column E).

2. *Column A*: List all organizations that provided cash for the project; that is, grants or "new money" for the HHI. Do NOT repeat contributions reported in Question 1 above or those contributions reported on Provincial Forms. Use one line for each organization.

   Column B: List the "project years" in which the funding was provided. Recording "1-6" would mean project years 1 through 6 (inclusive). Recording 1, 3, 5 would mean the listed project years only. Refer to the page "Definition of Project Years for the Community" that you completed for Question 1 above. Use the disk version of this table or photocopy it if you need to record more than 15 sources. Number responses consecutively.

   Column C: Record the main purpose of the funding. You do not need to be exhaustive here; list the major use of the funds only.

   For example:

   Health Canada ---> Project staff
   Evaluation
   Community media campaign
   Kellogg's ---> Sponsorship for Health Risk Assessments

   Column D: Enter the total amount of cash estimated within 20% of actual. For organizations that provided funds in more than one project year, sum the amounts provided for all years. If you are not

   confident that your estimates are within 20% of actual contributions do not enter the values. Enter a note indicating that you can’t answer accurately.

3. “Volunteers” are people who donated their time to the project and were not paid for this time **from any source** (Health Canada or any organization).

   Column B: Estimate the number of volunteers for each project year. Enter a number if you are confident that your estimate is within 20% of actual numbers. Individuals who volunteered during more than one project year would be counted each year. Include those volunteers who helped with projects in the community, not those who helped with provincial projects or community-based projects reported on Provincial Forms.

4. *Column A*: List people who were paid by federal funds or provincial funds during the demonstration phase (or to December 31, 1995). Do NOT include positions with time donated in-kind from organizations (i.e., those organizations listed in Question 1). These staff and contract positions must have job descriptions with responsibilities specific to the HHI written into them. Include positions that had responsibilities for the community project, not provincial projects and community-based projects reported on Provincial Forms. Use the disk version of this table or photocopy the table if the number of positions exceeds 14. Number all positions consecutively.

   Column B: Circle or underline “full” if the position was full-time and “part” if the position was part-time. If the position changed from full-time to part-time or vice versa, then circle the time commitment that lasted the longest.

   Column C: Record the month and year when the position started. Year refers to calendar year.

   Column D: Record the month and year (calendar year) when the position ended.

5. *Column A*: List people and companies that provided service to the Heart Health Initiative for a fee. List those who provided services for projects in the demonstration community only. Use the disk version or photocopy the page to record more than 19 purchased services.

   Column B: Record the major purpose/type of the service (for example: evaluation, develop a social marketing plan, etc.)

   Column C: Enter the date the service started (month and calendar year).

   Column D: Enter the date the service ended (month and calendar year).

FORM #3: Community Organizational Structure

1. A “community coalition” is defined as some gathering of organizations for the purpose of guiding/steering/assisting with the community project. It is not necessarily a management structure for the HHI (for example, it may be advisory). Check one response and go to the appropriate questions, as indicated on the right side of the page.

2. The date formed is the date of the first meeting of the community coalition. The date dissolved is the date when the coalition agreed to disband and no longer carry out its functions. If the coalition has not agreed to disband, check the box “still in place”.

3. A “lead agency” is an organization that has a primary role in forming, convening and managing/co-

ordinating the activities of the coalition.

4. A "written agreement" is documentation of the commitment of organizations to the activities of the coalition. It must be signed by members to be considered an "agreement".

5. Years 1-6 refer to project years (refer to the page "Definition of Project Years for the Community"). Only include meetings of the **full** coalition and not ad hoc meetings or those of sub-groups.

6. Describe in point-form (or attach) the **initial** terms of reference or planned activities of the coalition. Use words like "advisory" and "decision-making" to be clear about its functions and authorities. Provide the terms of reference on disk, if available.

7. List in point-form (or attach) the required contributions of coalition members. This might include things like attending "x" meetings a year, sharing information within one's organization, etc. Provide these on disk if possible.

8. Briefly describe in point-form in the space provided (or attach a separate page) any changes in the coalition throughout the demonstration phase.

   a] How did membership evolve (for example: Over the years, more members from non-health sectors were participating in the coalition)?

   b] Did participating organizations take on different roles over time? Did roles of all organizations shift, or some of them, or none at all?

   c] How did the functions/activities of the coalition change over time? Did the coalition evolve from an advisory body to a decision-making body, or vice versa?

9. *Column A*: List all committees and working groups that formed during the demonstration phase (or to December 31, 1995) to assist with activities in the demonstration community (not provincial-level activities and community-based projects recorded on Provincial Forms). These groups may or may not be sub-committees of a coalition. Use the disk version of this question or photocopy the page to report more than 15 committees. Please number the committees consecutively.

   Column B: In a phrase, name the primary function of the committee/working group. Is it advisory to the coalition? Is it responsible for a specific project like a nutrition policy? Is it primarily responsible for project finances? Marketing? Public Relations? etc.

   Column C: The date formed is the first meeting date of the group named.

   Column D: The date dissolved is the date of the last meeting of the group. Enter N/A if the committee is still active.

FORM #4: Chronology

1. List the goals and objectives of the community project in the space provided, or attach them. Provide a disk copy if possible.

2. *Column B*: Refer to the page "Definition of Project Years for the Community" that you completed for Question 1, Form #2 for the start and end dates for each project year. Record major activities such as "coalition building", "strategic planning", "implementation", "evaluation", etc. This list does not have

to be exhaustive; rather, it should reflect main areas of emphasis in general terms.

FORM #5: Inventory of Major Projects

A "**major project**" is one that:

a] Had a set of organized activities aligned with a specific goal.
b] Had a budget assigned to it from the HHI at some point during the demonstration phase.
c] Staff and/or volunteers from the HHI participated in the activities during the demonstration phase.

Major projects to record on the Community Form are those that were implemented in the demonstration community and were not reported on the Provincial Forms.

Make a list of the major projects to record.

Make one copy of this form for EACH project.

This form is not available on disk because the format for responding to most questions is checking one or more boxes. However, the cover page includes spaces to record filenames since you may have some responses available on disk from other reports OR you may want to enter some responses on computer. Questions to consider for computer entry are: name of project, brief description, goals and objectives, lead and collaborating organizations. If you submit responses on disk, please clearly mark filenames on paper copies of text and list them on the cover page.

Project #: Give each project a unique number and record this number at the top of each page.

1. Enter the name of the project such as, "Environmental Tobacco Smoke bylaw development", "Grocery store programming", "Multi-media campaign", etc.

2. List the communities in which the project was implemented during the demonstration phase.

3. Give a brief, point-form description of the project. Include the major components of the project, such as "multimedia campaign: print, radio, television and sky advertising co-ordinated in design and carried out at 6 month intervals for two years", "grocery store programming: displays, taste tests booths, supermarket tours, and shelf labels in all Loblaws stores", etc. "Products" and "events" resulting from each project will be recorded in Form #7 and #8 respectively.

4. List (or attach) the goals and objectives of the project, along with a disk copy if available.

5. Indicate the primary target group; that is, the group that the project was aiming to influence directly AND aiming to influence the most compared to other audiences.

6. Check all that apply for each project.

7. Check all channels that apply for each project. "Channels" are locations/settings in which delivery occurs.

   Schools include any educational institutions (i.e., elementary, secondary, post-secondary).

   Worksites include all places of employment not covered by other channels.
   Health care settings include doctors' offices, hospitals, health clinics and centres, and other settings

where primary care is delivered.

Community agencies include voluntary agencies, health and social service agencies (e.g., Housing Authority, Addiction Research Foundation).

Food service outlets include locations where food is sold excluding locations covered by other channels listed. Grocery stores and restaurants are the major food service outlets.

Media include print, radio, and television.

8. These five strategies are from "Promoting Heart Health in Canada". For each project, check **one** box in the "Primary" column and **one** box in the "Secondary" column. The primary strategy should be the one that the project addressed the MOST. The secondary strategy should be the strategy that the project addressed to a lesser extent than the primary strategy but more than the other three.

9. "Active planning" is when the project went beyond the stage of an idea to some action being taken (e.g., forming a group, developing a written plan).

10. "Implementation" is when at least one aspect of the project was delivered.

11. Indicate one of the three options listed. The end of implementation is the last time that any component of the project was delivered. The planned completion date would be the projected date for the final delivery of the last component of the project.

12. A "lead organization" is the agency that was most involved in the project compared to other organizations participating in some way. The lead organization is often responsible for major project functions such as managing a budget, co-ordinating meetings and program delivery, and evaluation. Enter N/A if there is no lead organization.

13. "Collaborating organizations" are those agencies that participated in the project in some way (e.g., technical support, some aspects of delivery, etc.) yet were less involved than the lead organization named in Question 12 above.

14. Complete one of the two options (hours/month OR days/month). Give an estimate of time if you are confident that it is within 20% of actual time spent. Otherwise indicate "can't answer accurately". Include time of all planners and organizers (paid and unpaid) but not of participants (or people who receive some service).

    Indicate the length of time the project was operating in months or years. Include time spent from the date active planning started (see Question 9 above) to the date implementation ended (i.e., the last time any component of the project was implemented) OR to December 31, 1995 (whichever came first).

15. Estimate the total operating budget for the project, either overall or an annual allocation. Do NOT include personnel or in-kind contributions. Estimate cash contributions for the project within 20% of actual.

16. Check one of the four boxes. When completing this question, refer back to the goals and objectives stated in Question 4 on this form. Attach supporting documentation from your project (e.g., excerpts from reports), if available, to support your response.

17. Check one response only.
18. Fill in one box for each row.

"*Partnerships*" are relationships with organizations.

A "*provider*" is the organization that had a lead role in delivering the project.

"*Participants*" are people who *received* one or more components of the project (i.e., some service).

"*People participating*" in the project are people who received some service.

19. Check one response and complete the questions as indicated. The "project ending" means that components of the project will no longer be delivered.

20. Check one or more boxes as appropriate. "Adopted" by another organization means that an organization has agreed to take responsibility for managing/co-ordinating the project.

21. "Formally assigned" means that the project is written into at least one job description.

22. "Permanent" means established or a routine part of an organization's activities.

23. A "plan of action" means that next steps have been defined to carry the project forward.

24. "Job descriptions" means that responsibilities related to the project are well-defined and in writing.

25. "A clear written description" means that major steps for implementation are documented.

FORM #6: Checklist of Participation in Single and Multiple Risk Factor Activities

Form #5 asks for descriptions of major projects carried out as part of the HHI. This form lists general types of activities addressing single and multiple risk factors in various settings (e.g., schools, workplaces, etc.), which will likely include the projects you report in Form #5. The overlap is expected; each form serves a different purpose. This checklist (Form #6) is intended to document different levels of participation in a wide range of activities whereas the inventory of major projects (Form #5) is intended to gather more detailed descriptions of main areas of emphasis of the HHI.

You will notice that the checklist is not exhaustive; not ALL possible activities are listed. For that reason you are given the opportunity to add to each list with an open-ended question at the bottom of each page asking for "other" major projects. Record the channel/location for other projects that you list.

Report activities carried out in the community defined for the set of Community Forms only.

Single risk factor activities are those activities that address one risk factor; namely, tobacco, healthy eating and physical activity. Multiple risk factor activities are those that address two or more risk factors OR heart health in general.

For each activity listed, indicate the role of the Heart Health Initiative, using a scale* from 0-4, where:

0 = **No role** at all

1 = **Did not support** with time, money or other resources (e.g., promotional or educational materials), but **enhanced** the activity (e.g., endorsement)

2 = **Supported** with time, money, or other resources; collaborative effort; HHI had a **support** role (Heart Health Investigators, staff or volunteers had some role in the activity, but one or more partners were more involved)

3 = **Supported** with time, money or other resources; collaborative effort; HHI had a **lead** role

4 = **Supported** with time, money or other resources; Heart Health Investigators, staff or volunteers carried out **independently**

* This scale appears on each page of Form #6 in an abbreviated form.

FORM #7: Inventory of Products

The following instructions apply to all questions in the form:

Products you record will include results or deliverables from the major projects you described in Form #5. This form is collecting a comprehensive inventory of products and is not intended to link them directly to major projects or strategic directions. It is an inventory of “new” products -- that is, products that the Heart Health project developed alone or collaboratively. Include products *adapted* from other groups or organizations (for example, computer health risk assessments).

List all products of activities of the demonstration community defined for the set of Community Forms. Do not report products of provincial-level activities or community-based projects reported on Provincial Forms.

*** **Please list any single product ONCE only**. This applies to ALL categories in this form (Questions 1-21).

Most of the tables in this form are on disk. If you choose to enter information on disk, please number the products consecutively and print all tables with any information entered.

Read through the full list of categories before you start to complete any of them. This will help you decide where to report certain products.

In addition to a name/title for each product, most tables ask you to report the following:

Target group/recipients -- This is the group that received the product; the group that you were aiming to influence in some way. Identify target groups in a way that best suits the product, which means that specificity will vary across products. For example, magazine articles in the popular press may target the general population (a very broad target group), whereas a display may target teenage smokers (a more specific target group).

Date developed -- Where you are asked to report “date developed”, record month and calendar year.

Amount of product delivered/used -- The units for the “quantity of implementation” are tailored to each product (e.g., times aired for television shows, and number distributed for newsletters). The total amount of product delivered is for the entire demonstration phase (therefore, from the start of project year 1 to the end of the demonstration phase OR to December 31, 1995, whichever came first). Record the total number of products distributed/used if you can do so within 20% of actual. List products even if you do not have an accurate estimate of the number distributed/used.

All categories listed on Form #7 are listed below. Definitions are provided for those needing some clarification, and special instructions are given in some cases. Keep in mind that all of these are new products developed or adapted by the HHI (alone or collaboratively) for educational, environment and policy initiatives.

1. *Brochures and Fact Sheets*: Print materials used to give factual information about heart health or individual risk factors.

2. *Displays*: Information and/or interactive components.

3. *Give-away Promotional Items*: Promotional items other than brochures and fact sheets used to promote heart health or individual risk factors.

4. *Self-help Guides*: Print materials designed for individual changes.

5. *Newsletters*

6. *Health Assessment/Screening Programs*: Written, verbal, or computerized questionnaires that give a cardiovascular risk factor profile.

7. *Videos*

8. *Television Spots (less than 30 minutes)*

9. *Television Shows (30 minutes or more)*

10. *Radio Advertisements*

11. *Newspaper and Magazine Articles*: Articles published in the "popular press" (i.e., available to at least 20% of the community population). This includes articles "by" and "covering" the HHI.

12. *Implementation/Training Guides*: Guides for service providers with instructions/ideas on how to implement heart health activities.

13. *Resource Inventories/Directories*: Lists of resources/guides/materials that are available for use by service providers or consumers.

14. *Scientific Papers -- Published*: Papers that appear in a journal or as a chapter in a book.

15. *Scientific Papers -- In Press*: Papers accepted for publication. Do NOT list papers subsequently published here.

16. *Other Reports/Papers*: Strategic plans, evaluation reports, annual reports, protocol documents, policy reports, proposals, and other documents produced with time or money contributed from the HHI. Do NOT list reports or papers subsequently published or in press here.

17. *Advocacy Products*: Position papers, letters, and other products developed to motivate policy change (i.e., a change in a position or statement held by one or more organizations).

18. *Policies (new or revised)*: Written statements or formal positions of government or organizations for heart health and related risk factors, which the HHI supported with time or money or enhanced in some other way.

19. *Databases*: Quantitative or qualitative databases developed by/resulting from the HHI.

20. *Monitoring and Evaluation Tools*: Needs assessment, process evaluation and outcome evaluation tools developed as part of the HHI.

21. *Spin-off Projects*: Student, community and faculty research projects that were stimulated by the HHI. Any projects reported here should not be recorded as major projects in Form #5.

FORM #8: Inventory of Events

The following instructions apply to all questions in the form:

Events you record will include results or deliverables from the major projects you described in Form #5. This form is collecting a comprehensive inventory of events and is not intended to link events directly to major projects or strategic directions.

List all events of the community defined for the set of Community Forms only.

*** **Please list any single event ONCE only**. This applies to ALL categories in this form (Questions 1-9).

Most of the tables in this form are on disk. If you choose computer entry, please number events consecutively and print all tables with some information entered.

Read through the full list of categories before you start to complete any of them. This will help you decide where to report certain events (e.g., training events for service providers is a separate category and therefore should not be reported with other presentations).

In addition to a name/title for each event, most tables ask you to report the following:

Target group -- This is the group that participated in/received the service; the group that you were aiming to influence in some way (for example: change attitudes, behaviours). Identify target groups in a way that best suits the event (for example: a presentation may be for the general public whereas a training event for service providers may be for family physicians and office staff).

Number or quantity of events delivered -- Two indicators are asked for in most cases: the number of each event held and the total number of people reached. The units for the “quantity of implementation” are tailored to each event (e.g., number of times delivered for presentations, number of formal meetings with policy makers). Report the amount of implementation for the entire demonstration phase (or to December 31, 1995 if the demonstration phase was not over by then). Record the number of events and the number of people reached if you can do so within 20% of actual. List events even if you do not have an accurate estimate of the number carried out or the number of people reached. Record “can’t answer” in columns for which you do not have accurate information.

Dates started -- Record the month and calendar year that active planning for the event started (that is, when an initial step was taken, such as forming a group or writing a plan, to move the event beyond an idea).

Date ended -- Record the month and calendar year when the event was no longer being implemented/delivered.

All categories listed on Form #8 are listed below. Definitions are provided for those that require some clarification and special instructions are given in some cases.

1. *Conference Posters*: Poster presentations featuring the HHI.

2. *Conference Presentations*: Oral presentations that include information about the HHI.

3. *Other Presentations*: Face-to-face delivery of information; one-time delivery of a presentation to a certain audience (the same presentation may be repeated several times but to different members of the same audience). Do not include training events for service providers (see Question 7 below).

4. *Classes*: Face-to-face delivery of information and/or skill building opportunities; repeat exposure for the same audience. Do not include training events for service providers (report those in Question 7 below).

5. *Mass Participation Events*: Events that are open to the general public. Many of these (such as exercise events) require some type of action to be taken by participants. Other events to include in this category are health fairs/festivals, parades, etc.

6. *Strategic Planning Events/Retreats*: Events that are specifically organized for planning overall provincial directions (e.g., strategic planning sessions, public forums). Do not include staff meetings to develop operational plans. Under "invited participants" record general names of groups (e.g., coalition members, public health professionals) rather than names of individuals.

7. *Training Events for Service Providers*: Events for professionals and lay providers to help them plan and deliver heart health activities.

8. *Formal Meetings with Policy Makers*: Meetings related to advocacy for changes in formal positions, statements and practices of organizations. Under "policy makers" record positions and organizations (e.g., administrators of school boards) rather than names of individuals.

9. *Press Conferences*: Media events to promote the HHI (e.g., announcement of the funding, major accomplishments publicized).