
Resources and Recommended Reading

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Health and Physical Activity
Resources

Internet Sites Related to
Heart Health, and Active,
Healthy Living for Women



Health and Physical Activity Resources

Bijnen, F., Caspersen, C., & Mosterd, W.L. (1994). Physical inactivity as a risk factor for coronary heart disease: A WHO and International Society and Federation of Cardiology position statement. Bulletin of the World Health Organization.

Canadian Fitness and Lifestyle Research Institute (1997). 1997 Physical activity benchmarks: Highlights report. Canadian Fitness and Lifestyle Research Institute. Ottawa, ON.

Canadian Fitness and Lifestyle Research Institute (1999). Physical Activity Monitor. Canadian Fitness and Lifestyle Research Institute. Ottawa, ON.

Canadian Society for Exercise Physiology (1996). The Canadian physical activity, fitness and lifestyle appraisal. Canadian Society for Exercise Physiology. Ottawa, ON.

Family Service Association of Metropolitan Toronto (1996). The TRYFIT Guide: Community programming for low-income women.

Frisby, W., Crawford, S., & Dorer, T. (1997). Reflections on participatory action research: The case of low-income women accessing local physical activity services. Journal of Sport Management, 11, 8-28.

Health Canada (2000). Canada's physical activity guide to healthy living. Health Canada. Ottawa, ON.

Heart and Stroke Foundation of Canada (1997). Women, heart disease and stroke in Canada: Issues and options.

National Council of Welfare (1998). Poverty profile 1996.

Ontario Women's Health Council (2000). Literature review – Best mechanism to influence health risk behaviour. Ontario Women's Health Council. Toronto, ON.

Program Training and Consultation Centre (1997). Access is a two-way street: The challenge of reaching priority populations.

Raphael, D. (2001). Inequality is Bad for our Hearts: Why Low Income and Social Exclusion are Major Causes of Heart Disease in Canada. Toronto: North York Heart Health Network.

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Internet Sites Related to Heart Health, and Active, Healthy Living for Women

Note: External internet addresses contain information created, published, maintained or otherwise posted by institutions or organizations independent of the City of Ottawa, Ottawa Public Health or Connections to Healthy Living Kanata. Thus, no guarantee can be made as to their accuracy or availability.

Active Ontario	www.activeontario.org
American Heart Association	www.americanheart.org
Canada's Physical Activity Guide	www.paguide.com
Canadian Association for the Advancement of Women and Sport and Physical Activity	www.caaws.ca
Canadian Cancer Society	www.cancer.ca
Canadian Diabetes Association	www.diabetes.ca
Canadian Fitness and Lifestyle Research Institute	www.cflri.ca
Canadian Heart Health Database Centre	www.med.mun.ca/chhdbc/
Canadian Heart Health Initiative – Ontario Project	www.ahs.uwaterloo.ca/~hbr/chhiop/
Canadian Society for Exercise Physiology	www.csep.ca
Dietitians of Canada	www.dietitians.ca
Health Canada	www.hc-sc.gc.ca
Heart and Stroke Foundation of Canada	www.hsf.ca
Hike Ontario	www.hikeontario.com
Ontario Heart Health Network	www.hhrc.net
Ontario Women's Health Council	www.womenshealthcouncil.com
Ottawa Heart Beat	www.ottawaheartbeat.com
Public Health Agency of Canada	www.publichealth.gc.ca
Trail Paq	www.trailpaq.com

Appendices: Sample Forms

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Appendices: Sample Forms

A. Program Planning

Logic Model

Critical Path: Monthly Timelines

Critical Path: Process

Sample Budget

Needs Assessment tools:
sample focus group discussion
guidelines



Logic Model

A. Program Planning

Components



January

- begin consultation process with community partners (presentation on *Woman Alive/Femme active*, discussion with partners)
- verify the steps and timelines in the critical path
- establish a *Woman Alive/Femme active* workgroup consisting of community partners and Ottawa Public Health staff
- determine who will administer the budget and how it will be tracked (remember to include in kind calculations for Partners in Healthy Living reports)

February

- clarify roles and responsibilities of *Woman Alive/Femme active* workgroup
- develop focus group questions
- arrange focus groups for March

March

- conduct focus groups and share results with workgroup and community partners
- meet with focus groups participants to share and confirm results of focus groups, and to obtain further feedback on program planning

April

- determine class time, duration, type, location, cost and length of session for the fall
- recruit an instructor(s) for the class (ensure that the instructor has liability insurance and that credentials are current)
- prepare a budget estimate to include: instructor fees, equipment, bus tickets, child care, advertising, incentives, social events, health education expenses, e.g. Food for Community Food Advisor cooking demonstration
- begin to develop program planning tools, e.g. Needs assessment, evaluation forms, PARQ or other health screening tool, registration forms
- begin development of evaluation plan in consultation with community partners and Ottawa Public Health staff (Management Services Branch)

May

- develop an advertising strategy to disseminate promotional materials
- develop promotional materials, e.g. flyer, poster, advertisements
- choose a fitness instructor(s) and invite that person to join the workgroup
- clarify the roles and responsibilities of the fitness instructor, and sign a contract with him/her

June

- develop a program calendar that includes class times, health information sessions and social events
- invite guest speakers to conduct the health information sessions
- develop the registration procedure and brief appropriate staff
- send out promotional materials through previously determined routes e.g. housing co-ops, food cupboard, churches, resource centres

July

- begin registration
- contact potential advertisers/supporters of the program for donations
- finalize program planning tools, and evaluation protocols
- make child care arrangements for September



August

- purchase program equipment
- continue to promote the program in the community

September

- finalize registration, and develop a waiting list (if necessary)
- administer PAR-Qs to all participants, and follow up as necessary
- purchase bus tickets and program equipment
- begin classes
- administer needs assessment at first class, determine further participants needs to overcome barriers, and address these needs
- administer evaluation questionnaire at first class, and administer goal setting form within first month of class
- invite participants to give weekly verbal and/or written feedback, then collect and evaluate the comments
- collect weekly class fee from participants, and ensure that it is properly documented and accounted for as per budget planning
- workgroup meets during first month of class to discuss the program and to make modifications as necessary

October

- conduct midterm evaluation
- make modifications to program, based on feedback of participants, instructors, community partners, and public health nurse
- draw names for monthly attendance prize (each week participants drop their names in a box or envelope to be eligible for monthly prizes)

November

- begin planning for end of session social event
- write thank you letters to sponsors
- send out invitations to guests to attend social event
- draw names for monthly attendance prize

December

- plan and conduct social event
- draw names for monthly attendance prize
- conduct end of session evaluation
- based on evaluation data, make modifications for the next session
- review goal setting (if done) and evaluate
- re-register participants for next session
- confirm instructors and child care givers for next session
- offer opportunities for participants to be active over the holidays e.g. low cost fitness videos, fitness/swim/skating passes
- begin to write the evaluation report of the session



A. Community Consultation

- check your commitment and that of your partners
- clarify roles and responsibilities
- prepare, conduct and evaluate focus groups
- verify outcomes of focus groups with participants
- meet with partners to discuss focus group results and begin program planning

B. Program Planning

i Timetable – set a timetable for completion of steps in the programming phase of the critical path

ii Program Content

- determine class time, duration, type, location
- determine length of session eg. 10 weeks
- find an instructor for the classes
- decide what equipment will be needed for class, and purchase it eg. tape deck, rubber bands, mats
- decide on the health education topics (based on information given by participants in a needs assessment or in focus groups)
- set a date for an end of session social event
- create a calendar to hand out to participants during the first few weeks of the session
- confirm dates and locations several weeks prior to the first class

iii Budget

- estimate budget costs to include: instructor fees, equipment, bus tickets, child care, advertising, incentives, social events, health education expenses, eg. food for CFA demonstration
- approach local merchants to donate items or services to the program
- determine who will administer budget and how it will be tracked
- remember to include in kind calculations for Partners in Healthy Living Ottawa reports

iv. Barriers to Participation

- confirm barriers with target group
- arrange child care
- arrange transportation (bus tickets, car pooling)
- determine program cost eg. \$1.00 and who will collect and administer this revenue
- identify equipment requirements of participants and purchase, if funds are available, or arrange for discounts with local merchants



A. Program Planning

v. Instructors

- recruit experienced instructors with strong communications skills
- recruit back-up instructors, if possible
- confirm the instructor's roles and responsibilities
- review the instructor's commitment and have the instructor sign a contract
- ensure that the instructor has liability insurance
- determine the method and frequency of payment for the instructor
- consult with the instructor to ensure that program equipment is identified and provided
- determine, in consultation with the instructor, what forms will be used for the course and how they will be administered, eg. PARQ, needs assessment, evaluation, registration package
- ensure that the instructor receives ongoing support throughout the program
- ask the instructor to give input to program evaluations

C. Advertising

- identify effective venues for advertisements, eg. food banks, co-op housing, churches, community groups, recreation centres
- determine the type of advertisement, eg. flyer, public service announcement, newspaper ad and develop it
- determine the method of distribution, eg. community partners, recreation brochure, bulletin boards, public health nurses, program participants
- identify a point of contact for telephone queries – track the effectiveness of advertising by asking participants how they heard about the program when administering program evaluations

D. Recruitment and Registration

- keep advertising messages simple and relevant to target group, eg. emphasize the low cost of the program and the provision of child care services
- create a user friendly approach to registration so that the process is easy and respectful of the participants
- determine who will be responsible for registration
- develop a screening method to be used when it is unclear if the participants who wish to register for the program are in the target group
- recruit beyond the capacity of the program by 10-25% to allow for attrition
- develop a waiting list if demand exceeds capacity

E Program Support

- determine who will have the responsibility for providing ongoing program support to participants, instructors and community partners
- attend several classes and all social events

F Evaluation

- develop the evaluation tools before the program begins
- recommended tools are: needs assessment, mid session evaluation, end of session evaluation
- administer evaluations to: participants, instructors and community partners
- use the results of evaluations when planning subsequent sessions of *Woman Alive/Femme active*



Sample Budget

A. Program Planning

Expenses Per 12 Week Session
3 classes / week

ACTIVITY	EXPENSE
Instructor Time	3 classes/week X 12 weeks = 36 classes X 1.5 hours = 54 hours @ \$28.00/hour \$1,512.00
Equipment (if necessary) shoes cassette tapes clothing	\$ 150.00
Transportation bus tickets	\$ 100.00
Other Christmas Social Event Spring Year End Celebration Incentives	\$ 150.00
Total	\$1,912.00



Sample Focus Group Discussion Guidelines with target audience



- What does a being healthy woman mean to you?
- What are the benefits that you see in doing physical activity?
- How physically active do you have to be to be healthy?
- How important is being physically active to you?
- What do you enjoy doing that keeps you physically active?
- Where do you like to do this?
- When do you like to do this?
- What things make it hard for you to be physically active?
- What would make it easier for you to be physically active?
- What kinds of physical activities worked for you in the past?
- Why do you think it worked?
- Why did you stop doing it?
- What would make you want to start doing it again?
- If you were to design your ideal physical activity program, what would it look like?
- What kinds of physical activities?
- Would it be group or individual? If group, how many in the group?
- What times are best for you?
- What other kinds of things would make the program appeal to you?
- What is a good name for this program to make it appealing to you?
- Would you like to help staff set up a physical activity program like this?



Appendices: Sample Forms

B. Program Promotion and Registration:

Promotional Flyer

Promotional Advertisement

Participant Screening Form

Registration Form



Fitness and Health

Woman Alive !



Femme Active !



Physical Activity for WOMEN on Limited Incomes (\$1.00 Per Class)

Where: Kanata Leisure Centre
70 Aird Place

Class Times:	SEPTEMBER – JUNE		
	Tuesday:	1:00 – 3:00	PM Aquafit
	Wednesday:	6:00 – 8:00	PM Aerobics
	Friday:	9:00 – 11:00	AM Aquafit

Ask us about....

- Aerobics & Aquafit Classes
- Health Handouts
- Fitness & Health Education
- Break-A-Wave (Supervised Children's Swim, Ages 5+)



For more information please call
Dianne at: (613) 591-9283 ext. 308

This program is offered in English only.



- When phone calls come to the organizers (contact names on the promotional information brochures) about the *Woman Alive/Femme active* program, the following screening protocol may be used to determine if the caller is a suitable candidate for the program
- thank the person for calling and for her interest in the program
- ask how she found out about the program
- ask why she is interested in the program – this should lead to discussion about her fitness level and financial situation
- probe for more information as needed, e.g., “Tell me about what physical activity you are doing now? What kind of activities do you like to do? Are you free to come to classes at the times they are offered?”
- if the topic of finances does not arise, describe the purpose of the program and the target group, and ask the woman if this describes her situation
- ask her if she can pay \$1 per class
- answer any other questions she may have
- tell her that before the program begins, there will be a meeting with an instructor to review her goals for the program and do some preliminary assessments
- register her for the program by taking down her name, phone number and address, including postal code
- ask if she or any family members have taken programs at the facility before
- finish by saying, “We will follow up with you in a few days to set up a meeting with an instructor before the course begins”

** Follow up the phone call with a written reminder notice and a swim coupon.





**WOMAN ALIVE/FEMME ACTIVE
REGISTRATION FORM**

**KANATA LEISURE CENTRE
FALL 2007 SESSION**

Woman Alive !



Femme Active !

You may mail in this form or drop off at:
70 Aird Place
Kanata, ON K2L 4C9

PERSONAL INFORMATION:

First Name: _____

Last Name: _____

Street Address: _____

Postal Code: _____ Phone #: _____

Have you ever been registered in this program before? Yes No

COURSE: (Please all that apply)

- Aquafit Tuesday 1:00 – 3:00 PM
- Aerobics Wednesday 6:00 – 8:00 PM
- Health Information Wednesday 6:00 – 7:00 PM (Once Monthly, Dates To Be Announced)
- Aquafit Friday 9:00 – 11:00 AM

CHILDCARE:

Do you require childcare? Yes No

Child's Name	Age

Child Care Requirements: Tuesday Break-A- Wave Wednesday Friday

Any children expecting to access the Wednesday evening Wave Swim must be pre-registered in the Break A Wave Program. They must check in with the Front Desk Prior to entering the pool area. Any children under the age of 8 must be confirmed of their participation by Tuesday afternoon. Those who do not confirm will not be guaranteed access to supervision. Supervision of children ends promptly at 8:00pm so please make yourself available at that time. Your child must be at least 4 years old to participate.

TRANSPORTATION:

Do you have a bus pass? Yes No

Do you require assistance with bus tickets? Yes No

If yes: There are a limited number of bus tickets available to the Woman Alive/Femme active program.

How many bus tickets, based upon equal access for all participants in need, do you require to successfully participate in the Woman Alive/Femme active program? _____
Unfortunately, due to a high demand from participants, the transportation assistance provided for Woman Alive/Femme active cannot cover the entire cost of transportation for all participants. Bus tickets will be distributed equally amongst all participants who require them in order to assist with transportation costs.

Date: _____ Signature of Applicant: _____

Date Received: _____ Approved: _____

PROGRAM ELIGIBILITY:

Number of People in Household: 1 2 3 4 5 6 7 8+

Family Income Level:

\$18,000 or under	<input type="checkbox"/>
\$22,000 - \$26,000	<input type="checkbox"/>
\$27,000 - \$32,000	<input type="checkbox"/>
\$33,000 - \$39,000	<input type="checkbox"/>
\$40,000 - \$44,000	<input type="checkbox"/>
\$45,000 - \$50,000	<input type="checkbox"/>
\$51,000 - \$56,000	<input type="checkbox"/>

SPECIAL CIRCUMSTANCES:



Appendices: Sample Forms

C. Participant Resource Package:

Sample Session Schedule

Participant Pre-Program Survey

Sample of Program
Ground Rules

Goal-Setting Worksheet

Self-Contract Sheet

Physical Activity Readiness
Questionnaire

Samples of completed
goal-setting worksheet
and self-contract sheet

Planning the Weekly Sessions: Sample Agenda

C. Participant Resource Package:

Week	Tuesday Daytime	Wednesday Evening	Friday Daytime
1	Aquafit	Aerobics	Aquafit
2	Aquafit	Parenting Tae Bo	Aquafit Family Event**(p.m.)
3	Aquafit	Aerobics	Aquafit Monthly Draw*
4	Aquafit	Aerobics	Aquafit
5	Aquafit	Heart Healthy Eating	Aquafit
6	Aquafit	Aerobics	Aquafit
7	Aquafit	Aerobics	Aquafit Monthly Draw*
8	Aquafit	Relaxation Yoga	Aquafit
9	Aquafit	Aerobics	Aquafit
10	Aquafit	Aerobics	Aquafit
11	Aquafit	Aerobics	Aquafit Monthly Draw*
12	Aquafit Evaluation	Aerobics Evaluation	Aquafit Evaluation



“Woman Alive/Femme active” Program Survey

C. Participant Resource Package:



.....

Name: _____

Phone: _____

The information gathered in this survey is confidential and will help us plan the program to suit your needs.

- 1 What is your age? (Please ✓ one)
 - less than 19 years
 - 20-29 years
 - 30-39 years
 - 40-49 years
 - 50-59 years
 - 60 years and older

- 2 Do you speak English at home? (Please ✓ one)
 - Yes
 - No What language do you speak? _____

- 3 Do you have transport to get to the program? (Please ✓ one)
 - No How can we help you with this?
 - Bus tickets
 - Car pooling

 - Yes Would you consider car pooling to help others? Yes No

- 4 Do you need fitness gear for the program? (Please ✓ one)
 - Yes
 - NoIf you answered Yes, describe what fitness gear you require:

- 5 Describe your ability to “share” in the cost of fitness gear you require:

Please turn over the page!

6. For what reasons are you attending this program? (Please all that apply)

- getting fit
- weight loss
- meeting other women
- finding out about fitness and health
- having some time for myself
- other _____

7. What time of day would make it easier for you to attend?

- morning
- afternoon
- evening

8. We have listed 9 possible health topics for the program. Please rank them in order of your choice, from 1 through to 9 (1 = your first choice 9 = your last choice). If you want an activity that is not listed, please write it in the space below.

- Nutrition (including weight loss, cooking demonstrations)
- Stress Management
- Smoking (including quitting, protection from second-hand smoke)
- Heart Disease Risk Factors (like high blood pressure, cholesterol)
- Body Image
- Hormone Replacement Services
- Alternative Therapies (like massage, aromatherapy & reflexology)
- Parenting
- CPR Instruction

Other health topic not listed: _____

To assist in planning please indicate the age(s) of your child/children living at home: _____



GROUND RULES

- We respect the confidentiality of participants and instructors
- We enjoy a healthy environment with appropriate language and topics that promote positive discussions
- We respect the diversity of cultures and personalities among each other
- We respect participants and instructors right to privacy
- We are punctual when attending classes and picking up children from the childcare area



Personal Goals Sheet

C. Participant Resource Package:



When setting goals, play it SMART.

Goals should be specific, Measurable, Attainable, Realistic, and have a Time frame for completion.

Goals and Action Steps

Time Frame

Goal #1 _____

Action Steps

1 _____

2 _____

3 _____

Goal #2 _____

Action Steps

1 _____

2 _____

3 _____

Goal #3 _____

Action Steps

1 _____

2 _____

3 _____

Success Indicators

1 _____

2 _____

3 _____

4 _____

Date for next appraisal _____

Source: The Canadian Physical Activity, Fitness and Lifestyle Appraisal: CSEP's Plan for Healthy Active Living, 2nd Edition©1998. Reprinted with permission from the Canadian Society for Exercise Physiology.



Self-Contract Sheet

C. Participant Resource Package:



1 My physical activity goal is:

2 What I would need to change to achieve it is:

3 What I am willing to do to make it happen is:

4 Others will know about the change I am making when:

5 I might sabotage my plan by:

6 Therefore, my contract to myself is:

7 Check-up dates: _____

Client Signature: _____

Appraiser Signature: _____



Physical Activity Readiness Questionnaire (PAR-Q) C. Participant Resource Package:

Becoming more active is very safe for most people, but if you're in doubt, please complete the questionnaire below. Some people should check with their doctor before they start becoming much more physically active. Start by answering the seven questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and are not used to being very active, definitely check with your doctor first.



1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
2. Do you feel pain in your chest when you do physical activity?
3. In the past month, have you had chest pain when you were not doing physical activity?
4. Do you lose your balance because of dizziness or do you ever lose consciousness?
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical activity?



If you answered YES to one or more questions, talk with your doctor before you start becoming much more physically active.



If you answered NO to all questions, you can be reasonably sure that you can start becoming more physically active right now. Be sure to start slowly and progress gradually - this is the safest and easiest way to go.

Delay becoming much more active if:

You are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better; or you are or may be pregnant - talk to your doctor before you start becoming much more active.

Note: If your health changes so that you then answer YES to any of the above questions, ask for advice from your fitness or health professional.



Sample of completed Self-Contract Sheet

C. Participant Resource Package:

1 My physical activity goal is:

To improve my stamina

2 What I would need to change to achieve it is:

Increase my aerobic exercise levels

3 What I am willing to do to make it happen is:

Attend a Woman Alive/Femme active class each week and walk once per week on my own

4 Others will know about the change I am making when:

They see that I can complete an entire class without stopping to catch my breath

5 I might sabotage my plan by:

Not going back to class because I am tired

6 Therefore, my contract to myself is:

To call my friend Joan and agree that we will go to every class together, no matter what

7 Check-up dates: *October 10th, November 28th, December 16th*

Client Signature: _____

Appraiser Signature: _____



Sample of completed Personal Goals Sheet

C. Participant Resource Package:

When setting goals, play it SMART. Goals should be specific, Measurable, Attainable, Realistic, and have a Time frame for completion.

Goals and Action Steps

Time Frame

Goal #1 Attend all Woman Alive/Femme active classes Fall Session

Action Steps

- | | | |
|---|--|-----------------------------|
| 1 | <u>Sign up for classes</u> | <u>September 10th</u> |
| 2 | <u>Call Joan and agree to go together to class</u> | <u>September 18th</u> |
| 3 | <u>Keep a log of my attendance</u> | <u>Sept. 21st-Dec. 19th</u> |

Goal #2 Improve my aerobic stamina December 19th

Action Steps

- | | | |
|---|---|-----------------------|
| 1 | <u>Talk to the instructor about my goal</u> | <u>September 18th</u> |
| 2 | <u>Keep track of my heart rate during aerobics</u> | <u>ongoing</u> |
| 3 | <u>Compare my heart rates at the beginning and end of session</u> | <u>ongoing</u> |

Goal #3 _____

Action Steps

- | | | |
|---|-------|-------|
| 1 | _____ | _____ |
| 2 | _____ | _____ |
| 3 | _____ | _____ |

Success Indicators

- | | |
|---|-------|
| 1 | _____ |
| 2 | _____ |
| 3 | _____ |

Date for next appraisal _____



Appendices: Sample Forms

D. Soliciting Sponsorship:

Sponsorship Letter

Scripts for Sponsorship
and Promotion Phone Calls



Sponsorship Letter

D. Soliciting Sponsorship:

.....

15 August 2000

xxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxx
110 Laurier Avenue West
Ottawa, Ontario
K1P 1J1

Dear xxxxxxxxx

I am writing to you as a result of my involvement with Woman Alive/Femme active, a physical activity program for women on limited incomes in Kanata. The program is funded by Partners in Healthy Living Ottawa, with support from Ottawa Public Health and Parks & Recreation of the City of Ottawa.

Woman Alive/Femme active introduces the basics of exercise and encourages healthy lifestyles such as eating properly, maintaining a healthy body weight and being smoke free. Women on limited incomes often do not have the support or financial ability to engage in regular physical activity. This program helps them to overcome that financial barrier by offering affordable fitness classes and health education sessions. Finally, the women are supported and encouraged through social events and incentives for attendance.

Your sponsorship assistance in the form of _____ would be greatly appreciated.

Thank you for your consideration of this request.

Sincerely

xxxxxxxxxxxxxxxxxx
Public Health Nurse
Ottawa Public Health
City of Ottawa



.....

This script may be used as a follow up contact to letters which were sent to perspective sponsors of the *Woman Alive/Femme active* program.

“Hello, my name is _____ and I am working with the *Woman Alive/Femme active* physical activity program. This is a program for women on limited incomes. A few days ago I wrote to you describing the program and requesting your sponsorship support. **Do you recall receiving the letter?**

Yes “I’m calling today to ask if you would assist us by providing _____ as an incentive for the program. This would encourage women when they achieve their fitness and health goals, and it would motivate them to stay in the program. We would be happy to highlight your sponsorship in our advertising and our program reports. Would you be able to help us in this way?”

No “May I describe the program to you? It is a health and fitness program for women who are on limited incomes. It introduces the basics of exercise and encourages healthy lifestyles such as eating properly, maintaining a healthy body weight and being smoke free. Women on limited incomes often do not have the support or financial ability to engage in regular physical activity. This program helps them to overcome that financial barrier by offering affordable fitness classes and health education sessions. The pilot session will run over 12 weeks from late September to mid December. We are trying to make this program available to as many women as possible. Your sponsorship assistance would be very helpful in encouraging women to meet their fitness and health goals and in motivating them to stay in the program. We would be happy to highlight your sponsorship in our advertising and our program reports. Would you be willing to donate _____ ?

Once the contact has agreed to help, set up a time and method of obtaining the incentive. Ask for further information about how the client would like to be recognized, eg. in advertisements, write-ups in the paper, reports, etc.

Ask if the contact would be willing to be called during the pilot program to evaluate the donation and to discuss further involvement for the future sessions.

Ask if there are any further questions.

Leave your name and phone number for follow up. Thank the contact.

** Follow up with a thank you letter to the contact.

Appendices: Sample Forms

E. Evaluation Materials:

Participant Feedback Form

Final Participant Questionnaire

Final Partner Evaluation

Woman Alive



Femme active



Woman Alive/Femme active Final Participant Questionnaire

E. Evaluation Materials:



We are evaluating the 'Woman Alive/Femme active' program. Your answers will help us to improve the program in the future. You are under no obligation to fill out the survey. Whether you complete it or not will have no effect on your continued participation in Woman Alive. Your answers are confidential.

- 1 How long have you been a *Woman Alive/Femme active* participant? _____
- 2 Which class did you attend? (Please all that apply)
 - Aerobics
 - Aquafit
- 3 How often do you usually attend *Woman Alive/Femme active*?
 - once weekly
 - twice weekly
 - three times weekly (if applicable)
- 4 How did you get to the fitness facility? (Please all that apply)
 - Bus
 - Walk
 - Car Drove myself Someone else drove me
- 5 How long did it take you to get to the fitness facility? _____ (minutes)
- 6 How would you rate the following...?

	poor	fair	average	good	excellent
a) assistance with transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) childcare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- 5 Was it a problem getting suitable fitness wear (i.e., aerobic shoes, bathing suit)?
 - Yes (Please explain) _____
 - No
- 6 Was there anything else that made it difficult for you to attend the program?
 - Yes (Please explain) _____
 - No

The next few questions ask how you found the 'Woman Alive/Femme active' program:

- 7 How did you hear about the 'Woman Alive/Femme active'? (Please all that apply)
 - Poster (poster location: _____)
 - Friends or relatives
 - Radio
 - Newspaper
 - Community Resource Centre
 - Other (please explain) _____

E. Evaluation Materials:

- 8 What made you decide to attend this program? (Please ✓ all that apply)
- Getting fit
 - Meeting other women
 - Finding out about fitness & health
 - Having some time-out for myself
 - Other (Please explain) _____
- 9 Did the program meet your expectations?
- Yes
 - No (Please explain) _____
- 10 Would you recommend this program to someone else?
- Yes Why? _____
 - No Why not? _____

The next few questions ask about the fitness facility:

- 13 Were the facility's...? Yes No
- programs scheduled at a convenient time?
 - fees reasonable?
 - registration procedure convenient
 - music appropriate for your class (selection & volume)?
- 14 How would you rate your facility for its...?
- | | <i>Good</i> | <i>Average</i> | <i>Needs Improvement</i> |
|---------------------------|--------------------------|--------------------------|--------------------------|
| a) Cleanliness? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Front entrance/lobby area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fitness studio | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Temperature? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Front entrance/lobby area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fitness studio | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Accessibility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Safety and Security? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



E. Evaluation Materials:

15. How would you rate the quality of instruction for the?
- | | | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | poor | fair | average | good | excellent |
| a) aerobics class? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) aquafit class? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
16. How would you rate the instructors in the following categories?
- | | | | | | |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | poor | fair | average | good | excellent |
| a) knowledgeable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) friendly and approachable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
17. Do you have any suggestions for programs which should be offered at this fitness facility?
-
-
-

The next few questions ask how your health has been since you joined the 'Woman Alive/Femme active' program:

18. How was your health (e.g., how you feel, your energy level, mood, stress level, etc.)... (Please one)
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| poor | fair | average | good | excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- before you started the program?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| poor | fair | average | good | excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- after the program?
- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| poor | fair | average | good | excellent |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
19. If there has been a change in your health (i.e., how you feel, your energy level, mood, stress level, etc.), please describe it.
-
-

The final few questions ask how you would improve the 'Woman Alive/Femme active' program:

20. How would you rate the educational topics this session?
- | | | | | | |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Topic | poor | fair | average | good | excellent |
| a) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



E. Evaluation Materials:

21. What did you like best about the 'Woman Alive/Femme active' program?

22. What could we do to improve the program?

23. Do you have any final comments about the 'Woman Alive/Femme active' program?

The following information will help us in our evaluation of the *Woman Alive/Femme active* program.

24. Participant Profile

Number of people in your household: Adults (19 & over) _____

Children (under 19) _____

Education Completed:

- Elementary School
- High School
- College Diploma
- University Degree
- Postgraduate Degree

Household income after tax:

- \$18,000 - \$21,000
- \$22,000 - \$26,000
- \$27,000 - \$32,000
- \$33,000 - \$39,000
- \$40,000 - \$44,000
- \$45,000 - \$50,000
- \$51,000 - \$56,000

NAME: _____
(Optional)

DATE: _____



Woman Alive/Femme active Final Partner Evaluation

E. Evaluation Materials:



We are evaluating the 'Woman Alive/Femme active' program.
Your answers are confidential and will help us to improve the program in the future.

1. How long have you been a Woman Alive/Femme active program partner? _____

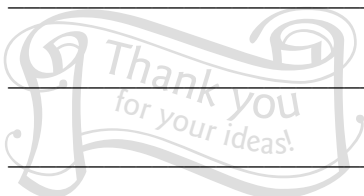
2. Are you satisfied with...? (Please indicate with a ✓ on a scale of 1 to 5, with 5 being most satisfied)

	1 <i>least satisfied</i>	2	3	4	5 <i>most satisfied</i>
a) program promotion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
registration procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
class times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
class size?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
educational component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) support received from other partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) volunteer involvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) physical space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) program equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What do you like *best* about being involved in the Woman Alive/Femme active program?

4. What could we do to improve the program?

5. Do you have any final comments about the 'Woman Alive/Femme active' program?



Appendices: Sample Forms

F. Fitness Instructor Development

Sample Budget

Woman Alive/Femme active
Manual Order Form

Sample Budget

F. Fitness Instructor Development

Component	Duration	Approximate Cost
Theory	16-30 hours	\$150 plus
Practical	16 plus hours	\$150 plus
Apprenticeship	8 plus hours	\$100
Certification Exam and Practical Assessment	3 hours	\$125
First Aid and CPR training	16 hours minimum	\$150
Tapes		\$100 to \$200
Equipment (e.g., fitness clothes)		\$100
Ongoing Education and Re-certification (usually required every two-three years)	16 hours minimum	\$500
Membership Fee to Certification Organization		\$35/year





Woman Alive/Femme active Manual Order Form

Woman Alive/Femme active Leader's Manual \$9.50

Ottawa Public Health accepts the following forms of payment, one of which must accompany any order received. All payments should be made in Canadian funds.

Payment Method

Cheque VISA No. _____ Master Card No. _____

Purchase Order No. _____ Expiry Date: ____/____/____ Signature _____

Ship To:

Name: _____ Organization: _____

Mailing Address: _____ City _____ Province _____

Postal Code: _____ Email: _____

Tel: _____ Fax: _____

Item	Quantity	Price	Total	
Woman Alive Manual \$9.50				
			Sub-Total 1	
			Postage & Handling	
			Sub-Total 2	
			7% GST	
			GRAND TOTAL	

Order	Postage & Handling
\$10.00 – less	\$3.50
\$10.01 - \$15.00	\$4.75
\$15.01 - \$30.00	\$6.00
\$30.01 - \$60.00	\$7.00
\$60.01 - \$100.00	\$9.00

Please send this form by mail or fax, along with a cheque or money order made payable to the *City of Ottawa* to:

Ottawa Public Health,
c/o Ottawa Public Health Info Line
100 Constellation Cr., 7th Floor West,
Ottawa, ON, K2G 6J8
Telephone 613-580-6744, ext. 28020
Fax: 613-580-9644

Please note that orders will not be sent unless payment is received.

