



Community Story Highlights

A template for Communities to share Healthy Together Now (HTN) Project Details

Community Projects: *“Created by communities, shared with each other, for all of us to learn together”* through Healthy Together Now.

Background: At previous Healthy Together Now (HTN) Share & Learn Forums, communities asked for a way to share their projects with other communities and to learn from each others’ experiences.

Purpose of the Template: To share community experiences from HTN programs and projects in Manitoba. What you have created and learned from your experiences will help all of us to learn together! This template gathers the information in a consistent way to make sharing easier for all and will be found at Healthy Together Now website.

Please provide the “nuts & bolts” of your experiences when you complete this template. If you have created outlines, brochures, handouts, posters, etc. to go with your program or project, please attach them, as well.

Please check off if you:

- have attached additional resource materials as part of your HTN submission.
How many attachments? _____#
- agree to have your template & attachments posted on the HTN website.

We will accept your information in a variety of formats; electronically (if possible) or by fax – whichever works best for you. Please send your information to Betty Kozak, Provincial Coordinator, by e-mail at betty.kozak@gov.mb.ca , or fax 1-204-476-3552. If you have any questions please call: Betty Kozak at 1-204-476-7843

Please provide your contact information as the person who completed the HTN Project Template. This information will only be used to clarify the submission, not to provide information to other communities. ** Please see the last section.

Name:
Phone Number:
Mailing Address:
E-mail Address:

What happens after you fill out this template:

After your information is received it will go through the following steps:

1. Confirm with you that all attachments have been received and electronic files can be opened. If paper copies are received, these will be converted to an electronic format.
2. May be circulated out to a small committee to review the template for clarity, ease of understanding and key elements.
3. A copy of your completed template and attachments will be kept at the office of the HTN Coordinator, 485 Hospital St. Neepawa.
4. Your completed template along with attachments will be posted on the HTN website, linked to the MHLS website and may be linked to other related websites.
5. Your HTN Community Story may be selected for a short presentation (commonly known as Story Station) at future Share & Learn Workshops.



Community Story Highlights Template

Community Project Overview:

Project Title:

Project Target Risk Factors:

Healthy Eating

Physical Activity

Tobacco Reduction

Mental Wellbeing

Target Population:

preschool (6 yrs & under)

school age (6 –12 yrs)

teens (13-17 yrs)

young adults (18-34 yrs)

adults (35-49 yrs)

older adults (50-69 yrs)

seniors (70+ yrs)

all age groups

other descriptors (i.e., immigrant or high risk) _____

Project Lead(s):

Community:

RHA:

Project Partners: (groups, organizations, etc.)

Project Details:

single event

multiple event or ongoing project

Description: (Brief Narrative 3-5 sentences)

Time: (time to develop, length of project)

Objectives: (what behaviours &/or issues did your community want to address with this project?)

Planning Supports: (what information did you use to develop your program? e.g. data from surveys, talking with target audience, etc.)

Results: (# of participants, any evaluation findings, etc.)

What worked:

What didn't work and any changes made:

Unexpected Outcomes:

Other notes:

Resources:

Volunteers:

Facilities:

Equipment:

Other:

Total Costs:

Materials developed for your program: (e.g. pamphlets, posters, handouts) Please describe each item and attach with this form. These attachments will be linked to your template on the HTN website.

- 1.
- 2.
- 3.
- 4.

Contact Information: (the person who is willing to answer questions from other communities)

Community:

Region:

Contact person:

Email address:

and

Regional Contact:

Email address:

Please check the following:

I, _____ give Manitoba Health, Healthy Living, and Seniors the right to post this Healthy Together Now information & attachments on the HTN website or related websites as appropriate and in any other distribution, in all media now known or later devised not limited to but including HTN website.

I, _____ agree to allow Healthy Together Now to include the above contact information on the HTN website or related websites as appropriate.