THE 1·2·3 APPROACH TO PROVIDER OUTREACH

Marketing Chronic Disease Interventions to Primary Care Practices

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

FOREWORD

The Centers for Disease Control and Prevention (CDC) Arthritis Program has developed the 1-2-3 Approach to Provider Outreach to help raise awareness among primary care practices of the benefits of self-management education and physical activity interventions for chronic disease and to increase enrollment in locally available classes. This toolkit was designed to help community organizations, local agencies, and their partners implement the 1-2-3 Approach in their communities. All materials are available for download on the CDC Web site at www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach.

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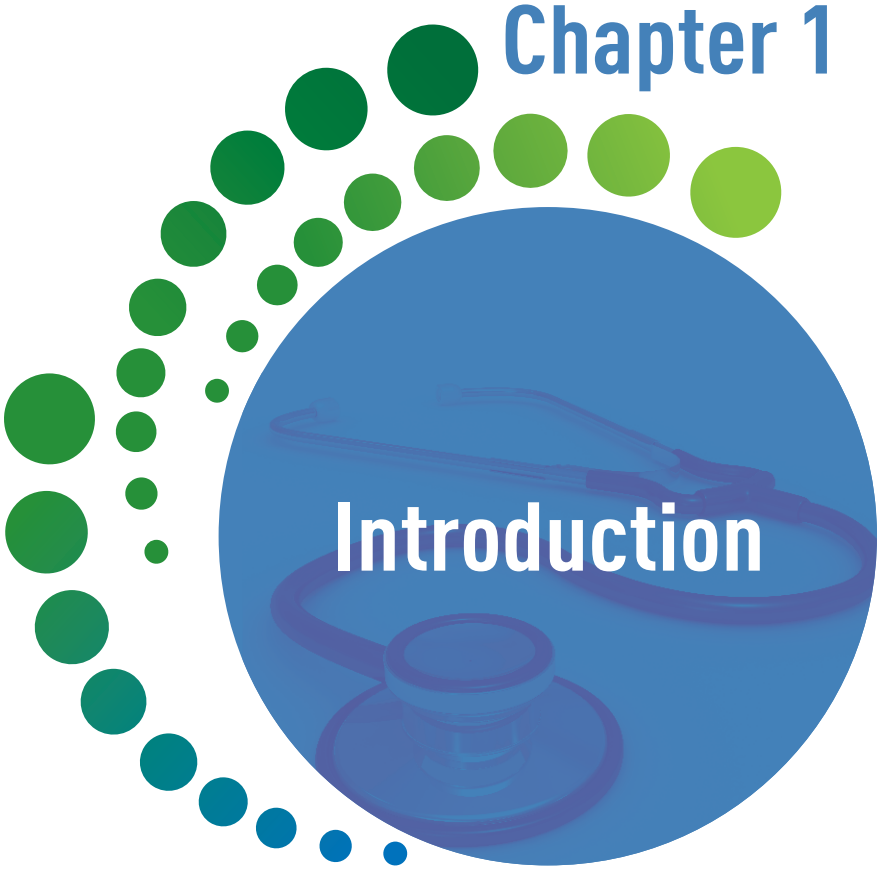
Chapter 1



Introduction

1. INTRODUCTION

In This Section

This section introduces you to the 1-2-3 Approach to Provider Outreach and the toolkit of supporting materials. You'll learn

- Why it's important to encourage health care providers to recommend self-management interventions to their patients with chronic disease
- How directly engaging providers can be effective in getting more people to use these interventions
- What the 1-2-3 Approach entails
- How to use this toolkit

Chronic diseases like arthritis, diabetes, heart disease, and lung disease are among the most common health problems in the United States (1), affecting the quality of life of millions of Americans. Scientists estimate that nearly one out of two U.S. adults has at least one chronic disease, and more than one in four adults have two or more (1). Chronic disease—especially arthritis—is one of the most common causes of disability (2). Managing these conditions can be complex and frustrating for both patients and health care providers. Current clinical practice guidelines emphasize the use of nondrug treatments for chronic diseases, such as self-management education and physical activity interventions (3-6). The Centers for Disease Control and Prevention (CDC) Arthritis Program (www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach) has identified a number of evidence-based, low-cost, effective self-management interventions that can reduce the symptoms of arthritis and other chronic diseases and improve quality of life. Conducted as self-management education workshops or physical activity classes, these interventions are offered in convenient locations in communities across the country.

Despite the availability and effectiveness of self-management education and physical activity interventions (7), participation is low (8). Many health care providers don't know about their benefits and aren't aware that classes are offered locally. Medication is often the first and sometimes only treatment prescribed for chronic disease management. However, audience research has shown that providers are willing and interested in learning more about self-management interventions, preferably through in-person visits by staff knowledgeable about them (9). Getting providers to recommend these interventions is important because their recommendations are a powerful motivator for patients. In fact, audience research analyzed by CDC found that patients expect to learn about self-management interventions such as self-management education and physical activity classes from their doctors (10).

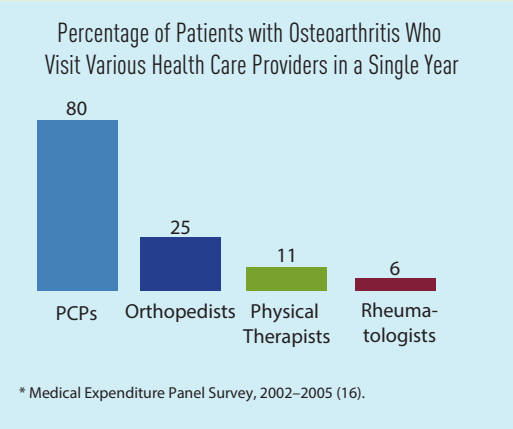
To raise awareness about the benefits of and enrollment in these interventions, CDC has developed the 1•2•3 Approach to Provider Outreach. This direct educational outreach approach is designed to encourage primary care providers (PCPs)—physicians, physician assistants, and nurse practitioners—to recommend self-management education and physical activity interventions to their chronic disease patients. This toolkit describes the 1•2•3 Approach and provides community organizations, local agencies, and their partners with suggestions, tips, and tools for using one-on-one interactions with providers to increase enrollment in local workshops and classes. The marketing guide and materials will help you and your team:

- Establish or extend relationships with local PCPs
- Inform them about the benefits of chronic disease self-management interventions and the availability of local classes
- Encourage them to encourage their patients to enroll in programs, and ultimately
- Increase participation in these classes

Targeting Providers: By the Numbers

Primary care practices are a valuable channel for getting information about chronic disease self-management to the right patients. For many chronic diseases, the majority of medical visits are to PCPs. For example, a nationally representative survey of U.S. adults* found that 92% of people with osteoarthritis visit a physician in a year. The majority (80%) of them see PCPs, but some visit other types of providers as well (16).

Here's a closer look at the waiting rooms in which you are likely to find patients with osteoarthritis:



If you plan to market interventions to specialty practices, note that the techniques described in this marketing guide are based on information collected from PCPs; specialists, like rheumatologists, were not surveyed in the development of this approach.

WHY PROVIDER OUTREACH?

Pharmaceutical companies typically use face-to-face outreach with health care providers to market their products. This marketing strategy—called "pharmaceutical detailing" and conducted by sales representatives—has proven successful in influencing providers' prescribing habits and increasing sales of a company's products.

Universities and other nonprofit organizations have adapted this strategy as a way to reach out to providers with information for managing a variety of health conditions. Evaluations of these "academic detailing" approaches show that they have an impact on the recommendations providers make to their patients, particularly for chronic, difficult-to-manage conditions like arthritis, diabetes, and heart disease. Several states across the country now partner with universities to offer academic detailing to area providers.

Using the detailing model, you and your intervention marketing team can effectively promote chronic disease self-management education and physical activity classes to PCPs in your community. Here are some important points to consider when developing your provider outreach approach:

- **Providers are eager for more treatment options.** For example, in a quality improvement initiative in osteoarthritis with PCPs, providers voiced concerns about the effectiveness of current medical treatment options and noted that they would welcome additional tools for managing the condition.
- **PCPs are open to outreach visits.** Research indicates that providers are open to educational visits from informed, nonmedical personnel. In audience research with PCPs about arthritis interventions, in-person visits were identified as the preferred mode of contact for disseminating information on self-management education and physical activity interventions (9).
- **In-person contact is highly effective.** Providers are more likely to recommend an intervention after an outreach visit and are more responsive to outreach conducted in person. An interactive visit that educates providers may be most effective. In academic detailing, in-person outreach supplemented with print or online materials has been shown to lead to changes in physician behavior (11–14).

- **Cost, convenience, and credibility of interventions are key issues for PCPs.** Findings from academic detailing suggest that demonstrating the clinical relevance of the intervention is important for providers. In interviews with PCPs and office managers, their top questions or concerns about self-management interventions related to class fees, accessibility (e.g., class times, locations, and transportation options), instructor qualifications and training, and endorsements by patients and reputable organizations.
- **Staff members who are not clinicians can be influential.** "Office champions"—nonphysician staff members such as office or practice managers, nurses, and back office personnel—can influence a practice's protocol and are an entrée to making contact with providers.
- **Provider recommendations are powerful.** Patients are more likely to use an intervention if it is physician-recommended. For example, people with arthritis are more than 18 times more likely to participate in a self-management education intervention when their provider recommends it (15).
- **It's a two-way street; positive word-of-mouth from patients is just as important.** Survey data suggest that testimonials from patients are highly influential on a provider's willingness to recommend an intervention.

WHAT IS THE 1•2•3 APPROACH?

Central to the 1•2•3 Approach is a personal outreach visit with the provider. Rooted in the principles of social marketing, this approach adapts strategies used by sales representatives in pharmaceutical detailing and by researchers and educators in academic detailing. But you don't have to be a marketer, sales rep, or educator to do effective provider outreach. The 1•2•3 Approach is easy to follow, requires little to no marketing experience, and can be implemented by organizations with limited resources. Pilot test findings (17) suggest that it's a valuable way to raise awareness about the availability of local evidence-based self-management education and physical activity classes, and to encourage PCPs to recommend these classes to their patients with chronic diseases. Use the 1•2•3 Approach as a framework for planning and developing your activities and for training your marketing team.

See the sidebar for an overview of the 1•2•3 Approach to Provider Outreach.

The 1•2•3 Approach to Provider Outreach

By following this 3-step approach, your marketing team can build relationships with local providers and encourage them to recommend chronic disease self-management education and physical activity interventions to their patients.

Step 1: Make Initial Contact

- Have contact information and scripts ready.
- Call the provider office and introduce the purpose of your outreach visit.
- Schedule a day and time for an in-person visit.
- Confirm the visit 24 hours in advance.

Step 2: Conduct the Outreach Visit

- Arrive on time with all materials.
- Use the script and leave-behind materials to explain the interventions and encourage provider recommendations.
- Leave materials for the provider and for patients.
- Inform the provider and office staff that you plan to follow up on a regular basis.

Step 3: Follow Up

- Note dates for followup on your calendar.
- Contact providers on a regular basis using phone calls, mailers, and additional in-person visits.
- Build ongoing relationships with local providers.

Providers are open to in-person outreach visits and are more likely to recommend an intervention after a visit.

HOW TO USE THIS TOOLKIT

The sections that follow provide guidance on implementing the 1•2•3 Approach. Each section focuses on a set of related tasks—such as developing a marketing plan, preparing your staff and materials, and conducting the outreach. The tools needed to prepare for and complete these tasks—such as spreadsheets, scripts, and customizable templates—are included in the appendices. Both the approach and the toolkit were informed by pilot testing with state health department-based arthritis programs.

Once you have selected your team and identified their roles, provide each team member with the section and tools relevant to their tasks. Use the material as the basis for introducing staff to the general approach and for training them on individual tasks. We encourage your team to refer back to the materials for guidance as needed once you begin activities. Not every team member needs to become familiar with each section of the marketing guide; however, it is advisable to cross-train staff to ensure there is at least one backup for each task.

The toolkit is available online at www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach. A PDF of the marketing guide and all customizable templates are available for download, along with the training video for viewing. Materials on the Web site are organized by task, as in this marketing guide.

TIP ▶ If you have questions about the toolkit or need technical assistance with the materials, please contact us at arthritisprogram@cdc.gov.

Chapter 2

Developing a Marketing and Promotion Plan

2. DEVELOPING A MARKETING AND PROMOTION PLAN

In This Section

This section covers how to lay the groundwork for implementing your approach to marketing chronic disease self-management interventions—specifically self-management education and physical activity interventions—to primary care practices. It reviews the elements you'll need to consider when developing your marketing and promotion plan. Topics include:

- Choosing interventions to promote
- Choosing locations on which to focus your outreach efforts
- Identifying providers or practices you want to target for outreach
- Establishing your marketing team
- Managing your outreach initiative
- Finding strategies for success

GETTING STARTED

Before you begin your outreach activities, there's some groundwork to do. The process begins with developing a marketing and promotion plan to chart a course for your outreach activities. You may want to document this plan so that you and your team can refer to it as needed. You can download the **Marketing and Promotion Plan** template provided in this toolkit from www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach. A copy of the template is included in **Appendix C**. Update your marketing and promotion plan as you refine and evaluate your efforts.

When planning for provider outreach, identify the following information:

- **Objective(s)**. What are you trying to achieve by promoting self-management education workshops and physical activity classes to local PCPs? You may have specific, immediate goals—such as increasing the enrollment of a particular class by 20%—as well as broader, long-term goals—like establishing an ongoing relationship with providers in a particular health care network. If you are conducting the outreach as part of a grant or partnership, there may be targets you need to meet to fulfill the terms of your agreement.
- **Partners.** If you're working with other organizations or programs to coordinate and conduct provider outreach, define the scope of your relationship with them and their role in your initiative.
- **Interventions to promote.** Determine which interventions your marketers will promote. Think through the rationale and criteria you use to select them. Additional guidance on choosing interventions is discussed later in this section.
- **Locations.** Where in the community will you focus your marketing and promotion efforts? Factors such as class availability, provider office locations, staffing, resources, and geography will inform your decision about where to conduct your outreach. Document your rationale and criteria for determining locations so that you can refer to it and refine it as needed. Additional guidance on choosing locations is discussed later in this section.
- **Providers to target.** Identify PCP groups, practices, or networks you want to target and document your strategies and criteria for selecting individual providers. You may want to start with providers you already know. A pilot test of the 1•2•3 Approach found that initiating contact with providers is the most challenging step in the process. Having a pre-existing relationship with a practice or a particular provider can help you get a foot in the door. Additional guidance on choosing providers is discussed later in this section.

- **Budget and staffing.** Document your funding sources and allotted budget, as well as the number of staff you expect to need or have available to work on outreach activities. Estimate major expenses like staffing, printing, travel (for marketers conducting the outreach visits), and partner incentives.
- **Potential obstacles and challenges.** Try to anticipate potential obstacles and challenges, such as competing programs, lack of staff time and resources, unresponsive providers, or geographical and logistical issues.
- **Outreach strategy.** For each step in the process—from planning activities through outreach and followup—identify the resources needed and staff responsible for the tasks. Draft a timeline for completion. Document possible strategies for addressing anticipated challenges.
- **Evaluation strategy.** Identify the time and resources needed and the staff responsible for evaluation tasks. Draft a timeline for completion.

Clearly defining the "what," "where," and "whom" is key to planning your outreach work. Here are some suggestions for selecting interventions, locations, and providers.

CHOOSE INTERVENTIONS TO PROMOTE

Provider outreach can be particularly useful for promoting interventions that are falling short of target enrollment goals. Work with partner organizations to determine which interventions should be the focus of your marketing efforts. Make sure to call the facilities offering the classes to confirm scheduling information.

When choosing which interventions to promote, focus on ease of access. Key factors are the local availability of classes and the proximity of classes to PCP offices. As you identify PCPs to target and learn more about the patients they see, you can use this information to help select interventions. Many of the interventions are beneficial for a variety of chronic diseases, but some are designed for specific conditions like arthritis. If you know that a practice sees a high percentage of patients with a particular condition, highlight the interventions that work best for that condition.

Consider focusing on just one or two interventions when you launch your initiative. As you and your team build experience and confidence and begin to work more efficiently, add interventions to your list. Depending on the size and availability of your team and the number of classes and locations, you might work toward promoting classes for up to four or more interventions. If partners or other programs within your organization are already promoting these or similar interventions, try to coordinate efforts to leverage resources, avoid redundant activities, and maximize your reach.

CHOOSE LOCATIONS

Once you've chosen the interventions you're going to promote, take a look at where the classes are being offered. Given your staffing resources and the proximity of the classes to your office and to providers' offices, it may not be feasible to market to all locations when you launch your initiative. To start, choose areas that are easy for your staff to get to and that are covered by several PCPs or by a PCP network you want to target. Factor in whether classes for other self-management interventions are also offered nearby, particularly if you are promoting more than one. You'll also want to consider the accessibility of the locations to patients and the availability of services such as public transportation and parking facilities. As you and your team build experience, add locations to your list.

IDENTIFY PROVIDERS

The key step in the planning process is identifying the practices you want to target for your marketing efforts. To do this, you'll need to find out basic information about providers in the area, such as:

- Do they see or are they likely to see a high percentage of patients with chronic disease?
- Where are they located?
- Have they recommended self-management education workshops or physical activity classes to patients before?
- Who are the potential office champions at these practices?
- What is the proximity of the practice to class locations?

Here are some criteria you can use to target PCPs.

Type of Practice

Focus on family, internal, and general medicine practices that care for adult patients. Compared to specialists, primary care practices see a higher volume of patients with whom they have more established relationships, which may provide multiple opportunities for them to recommend the interventions. The 1•2•3 Approach requires a dedicated initial investment to fully engage providers. If you have limited staffing or other resources, PCPs offer the best value. If you plan to approach specialists, consider doing so once you have established relationships with a network of local PCPs.

You can locate information on providers in your area by checking with the following sources:

- State health department (e.g., Medicaid Program office)
- Local chapters of professional associations (e.g., American Medical Association, American Academy of Family Physicians)
- Local health systems (e.g., health maintenance organizations [HMOs], hospitals, multi-physician practices, Federally Qualified Health Centers)
- Word-of-mouth from colleagues

Existing Relationships

A pilot test of the 1•2•3 Approach (17) found that having a pre-existing relationship with a provider was a critical factor in helping marketers gain access to busy practices. As you plan your outreach strategy, see if your staff or colleagues have established a rapport with any local PCPs. Plan to engage those providers first. Not only can they quickly become your first channel for recommendations, they can also help you establish credibility and influence other providers to open their doors to you. Partnering with other community-based organizations, public health agencies, or social service organizations that are connected with local physician networks can also expand your provider base.

Geography

Identify the locations of the self-management education workshops and physical activity classes in your area and focus on PCPs who practice nearby. Use publicly available resources to learn who the local providers are and where their practices are located.

Provider directories can be a particularly helpful resource and are often available online. Obtain directories of providers affiliated with health care organizations and facilities serving the area, including:

- Primary health care systems
- Insurance carriers
- Academic medical centers
- Local chapters of national professional or advocacy groups, such as the American Academy of Family Physicians, and the Arthritis Foundation

Consult the directories for the addresses of local providers and select those who fall within an acceptable radius of class locations. **See sidebar on page 16.** Use tools such as Google maps to confirm driving distances or public transit systems for routes, stops, and schedules to determine accessibility.

Provider Interest in Self-Management

Providers with an interest in self-care, prevention, or wellness strategies may be particularly amenable to outreach visits. Find out who these PCPs are in your community by:

- Asking colleagues or providers you know who have expressed an interest in patient self-management for chronic disease
- Asking local class instructors or other patient educators which providers have previously recommended their classes to patients
- Determining which health systems or other clinical networks provide funding or other institutional support for self-management programs
- Seeing which practices are participating in local care coordination initiatives, such as accountable care organizations or patient-centered medical homes

How Far Is Too Far?

Consider how far people with chronic disease are willing and able to travel. Data from the Arthritis Foundation indicates that people prefer to travel no more than 10–20 minutes or 7–10 miles for community-based programs.*

A good rule of thumb is to target primary care practices within a 5- to 10-mile radius of class locations. However, what is deemed an "acceptable" distance will vary by an area's density, transportation options, and local custom. When determining the target radius, consider the following:

- **The characteristics of the area.** Is it urban, suburban, or rural? People living in suburban or rural areas may be more willing to travel longer distances to attend classes. For people in urban areas, even shorter distances may add up to longer travel times when factoring in traffic patterns, parking options, and public transportation schedules.
- **Transportation options.** What public transportation options are available in the area? Consider the reliability of commuter bus and rail lines, walking distance from transit stops to PCP offices or class locations, and the number of transfers required. See if subsidized door-to-door shuttle services for seniors or the disabled are offered in the community.
- **Local custom.** In many rural areas, it is not uncommon for people to travel 30 minutes or more to shop or participate in community events or activities. If you are promoting interventions in communities where people are willing to travel long distances, you can expand your outreach efforts to include providers who are located more than 10 miles from class locations.

*Arthritis Foundation. *Assessing the Needs of Current and Potential Users of Arthritis Foundation Program and Services*, May 2003 [unpublished report].

TIP ▶ Consider approaching osteopathic or other holistic medical practices. The self-management approach to chronic disease aligns well with the emphasis these practices place on wellness and treating the "whole patient."

Use the **Provider Outreach Tracking Spreadsheet** to document information such as the name of the practice/individual provider(s), the type of practice (e.g., family practice, internal medicine), contact information, dates of contact, and other relevant details. A sample tracking sheet is included in this toolkit. You can download and customize the template as an Excel spreadsheet from www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach.

See Chapter 4 for details on how to use this tool.

ESTABLISH YOUR MARKETING TEAM

As part of the planning process, you'll need to select and train a team of people who will be responsible for promoting the chronic disease self-management education and physical activity interventions in your community. Team members can include employees from your own organization or agency, other departments or programs within your organization, or community partners. Responsibilities of your team will include:

- Planning, oversight, management, and training
- Preparing materials for outreach
- Making initial contact with providers
- Conducting outreach visits
- Coordinating and tracking outreach efforts
- Evaluating and assessing efforts

Although the size of your marketing team will vary and some responsibilities will overlap, you are likely to need at least one staff person to focus on program management and/or outreach during the startup phase. Initial outreach is likely to require the greatest amount of effort, so consider staffing accordingly. Outreach work should be led by staff who are available and have flexible schedules. Information gathering, logistics, and coordination can be done by part-time staff, interns, or volunteers.

When selecting marketing team members, look for those who have experience with:

- Customer service or direct contact with the public
- Designing, promoting, or implementing community outreach activities
- Chronic disease self-management education and physical activity interventions
- Working in health care settings
- Internet research
- Microsoft Word and Microsoft Excel

It isn't necessary for your intervention marketers (i.e., those staff members who will conduct the provider outreach visits) to have extensive experience with social marketing or outreach. However, staff best suited for this task should have the following characteristics:

- Knowledge about and enthusiasm for the interventions
- Good active listening skills
- Flexibility and adaptability in one-on-one interactions
- An open, approachable, and professional demeanor
- Ability to project a comfort level and confidence with the information being provided
- Some familiarity with medical terminology

Marketing teams who piloted the 1•2•3 Approach found that an important element of success is having marketers who are well informed about chronic disease self-management in general and familiar with the interventions they are promoting. This allows them to more easily and concisely communicate outreach messages and gives them credibility with providers. Marketers with experience as a class leader or participant may be particularly well received. Being able to speak with authority about an intervention and showing a genuine interest in and enthusiasm for it can help your marketers avoid sounding like they're making a sales pitch.

TIP ▶ In some local medical communities, a marketer's job title or advanced degrees are considered better markers of knowledge and credibility. Assess your community and staff your team accordingly.

Staff not comfortable with conducting outreach visits can contribute by assisting with planning and preparation (e.g., identifying providers, customizing materials), maintaining schedules (of outreach and followup), tracking information for evaluation, and coordinating overall outreach efforts.

MANAGE YOUR OUTREACH INITIATIVE

It is estimated to take at least 6 months to ramp up your outreach efforts and establish relationships with a practice; however, regular followup is necessary for nurturing successful relationships with providers and ensuring a steady stream of recommendations for the classes you are promoting. Expect your outreach program to be an ongoing effort. **See sidebar for timelines on page 18.** Review these suggestions for developing a realistic and efficient timeline of activities.

Consider your marketing team's own resources and workload, the number of practices to engage, and the anticipated responsiveness of the PCPs.

Start laying the groundwork early. Assemble the team as soon as possible to begin identifying providers and customizing marketing materials. Train intervention marketers while planning and preparation are under way.

A tiered or phased approach can help you and your team be more flexible. Launch initial outreach efforts at a small number of practices based on factors such as proximity, volume of eligible patients, and whether there is a pre-existing relationship with the practice. Add more practices later as you and your team refine and gain comfort with the approach. One suggestion is to begin initial phone calls with providers who

Sample Marketing Timelines

Marketing Efforts

ACTIVITY	TIME
Identify interventions to promote and select PCPs	Months 1–2
Contact practices and schedule outreach visits	Months 2–6
Conduct periodic follow-up activities	Ongoing

Spring Classes

ACTIVITY	MONTH
Identify interventions to promote and select PCPs	November–December
Contact practices and schedule outreach visits	December–March
Begin classes	April
Conduct periodic follow-up activities	April–September

Fall Classes

ACTIVITY	MONTH
Identify interventions to promote and select PCPs	April–May
Contact practices and schedule outreach visits	May–September
Begin classes	September
Conduct periodic follow-up activities	September–April

have been referred by colleagues or providers you know. As your team talks to providers, ask them if they're willing to recommend other colleagues who might be interested in talking to you.

Build follow-up activities into your timeline. When you are not busy engaging new providers or promoting a new season of classes, get in touch with providers—by phone, mail, e-mail, or in person—with whom you've already conducted outreach visits. See if they have any questions or feedback from patients. Keep them informed of any schedule changes or upcoming classes for the next season.

STRATEGIES FOR SUCCESS

Although the task may seem daunting, developing an effective provider outreach program is a realistic goal. Here are some general strategies for overcoming obstacles and maximizing success.

Be Ready to Invest the Effort

Leave substantial time for initial engagement, as it can take multiple attempts to get practices to respond to initial contact. It will also take time to establish your credibility in the local medical community. Even after you've had some success conducting outreach visits, the results—in terms of increased provider recommendations and class enrollment—won't be immediate. The 1•2•3 Approach is a long-term investment, so be prepared to play the long game.

Tap Into Existing Networks

Use relationships with reputable colleagues and providers to gain access to practices. These "influencers" can affect the participation of other providers by publicizing support for the interventions you're promoting. They can help you tap into local community provider networks. In the short term, this increases your familiarity and credibility with members of the local medical community, and raises the profile of the interventions you are promoting. In the long term, linking to the existing network helps create an ongoing support base of local providers and expands the reach of evidence-based chronic disease self-management education and physical activity interventions by integrating them into local health care systems.

Evaluate and Refine Outreach Efforts

Evaluating outreach efforts is important in determining what works and what doesn't. It allows marketers to further refine their strategies and target their messages. Other sections of this marketing guide cover strategies for evaluating your outreach efforts; customizable evaluation tools are included in this toolkit. **See Chapter 5 for more information on evaluation.** Plan ahead to ensure contact with providers is being tracked and class instructors have feedback forms to hand out to participants.

Anticipate Barriers to Successful Marketing

Lack of Time. With competing tasks and priorities, your marketing team's resources may be limited. To manage their efforts efficiently, try these time management strategies:

- Have junior staff, interns, or volunteers conduct the initial research to target local practices.
- Leverage the available resources from partner organizations.
- Employ a tiered or phased approach to engaging providers.

Lack of Marketing/Outreach Experience. The materials provided with this marketing guide are designed to prepare you and your marketing team regardless of your level of experience. Marketers are encouraged to thoroughly review all materials and to role play with other staff members (or a willing local provider) before taking the outreach to the field.

TIP ▶ Employing a tiered or phased approach by initiating outreach with providers who are familiar or have expressed particular interest in chronic disease self-management interventions may help marketers gain a comfort level and refine their techniques.

Competing Programs. In areas where self-management education and physical activity programs for chronic diseases abound, you will need to make the interventions you are marketing stand out. Have your marketers become familiar with other interventions offered in the area. Be prepared to detail the distinctions between them and the intervention you are promoting when reaching out to providers.

During the planning phase, determine whether there are similar interventions being promoted within the community for chronic health conditions. Conduct a survey of the activities under way both internally (i.e., in other offices or programs within your organization) and externally (i.e., at partner organizations and local agencies). Here are some suggestions for collecting the information you need:

- **Reach out to colleagues.** Inform other program managers within your organization and at partner organizations about the interventions you will be promoting. Ask them if they have similar activities under way.
- **Search the Web.** Survey the Web sites of local health care organizations and facilities (e.g., hospital-based outpatient and wellness clinics) and social service agencies (e.g., the local YMCA) for information about self-management classes available to the community. Check to see if facilities likely to host the classes—community and senior centers, recreational facilities, schools—have schedules posted online.
- **Look to local media.** Review local media outlets like newspapers, community bulletins, or blogs for announcements about new classes.

TIP ▶ Stay up-to-date on chronic disease self-management interventions being offered in the community by signing up to receive mail or electronic newsletters and updates from local organizations. You can also follow these groups through social media channels such as Facebook and Twitter.

To avoid inundating providers and patients with options and to make sure that the interventions you are promoting don't get lost in the shuffle, pool and coordinate efforts across programs (where possible) to promote all interventions together. Where available, have your marketers highlight interventions that are effective for multiple chronic diseases. When conducting outreach visits, marketers should be prepared to detail the distinctions between other local interventions and the classes you are promoting.

Difficulty Scheduling Outreach Visits. While providers are amenable to and may prefer in-person educational visits over other modes of dissemination (such as conference presentations or flyers/mailers), these visits can be disruptive to the practice. There is the effort that staff must spend scheduling visits and the time that must be set aside during regular office hours to conduct the visit. Some practices prefer unscheduled drop-in visits.

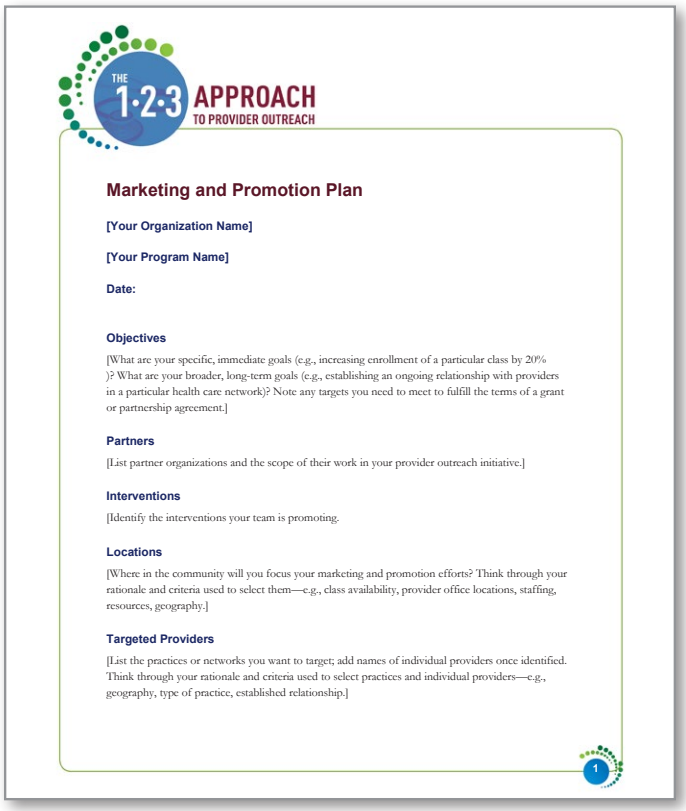
Here are some tips for getting past the scheduling hurdle:

- **Engage gatekeepers**. Practice managers and front desk staff can be key allies. Establishing a rapport with them can help you gain an "office champion" who can encourage providers to be more receptive to your efforts.
- **Be flexible.** Use your initial contact with the practice to determine whether drop-in or scheduled visits are preferred. If provider availability is especially limited, agree to meet with other staff members such as nurses, medical assistants, patient educators, and other service coordinators. They can pave the way for direct contact with the provider, and may even generate recommendations on their own.
- **Be ready to go on short notice.** Have multiple marketers trained and available to take immediate advantage of a provider's interest and window of availability. Those with a standard, well-practiced pitch and a surplus of printed materials need less time to get ready for an outreach visit. Staff your marketing team with individuals whose other responsibilities allow them to juggle their schedules at the last minute.

Draft the Marketing and Promotion Plan

It's important to have a plan in place before launching your provider outreach. Thinking in advance about items such as your objectives, targeted providers and interventions, overall strategy, and potential challenges will help ensure that your team members and partners are working toward a shared goal. Planning also allows you to consider what resources you need to get the work done. A documented marketing and promotion plan can be a useful guide for new team members, as well as for partners and sponsors. It can also be a good reference as you evaluate and refine your approach.

See pages 13 and 14 for a detailed discussion of the elements of a marketing and promotion plan.
These elements were used to build the Marketing and Promotion Plan template. A snapshot of the Microsoft Word template appears below. Complete each section as prompted and delete the prompts when you're finished. Keep this document on file and modify it as needed.


THE 1·2·3 APPROACH TO PROVIDER OUTREACH

Marketing and Promotion Plan

[Your Organization Name]

[Your Program Name]

Date:

Objectives

[What are your specific, immediate goals (e.g., increasing enrollment of a particular class by 20%)? What are your broader, long-term goals (e.g., establishing an ongoing relationship with providers in a particular health care network)? Note any targets you need to meet to fulfill the terms of a grant or partnership agreement.]

Partners

[List partner organizations and the scope of their work in your provider outreach initiative.]

Interventions

[Identify the interventions your team is promoting.

Locations

[Where in the community will you focus your marketing and promotion efforts? Think through your rationale and criteria used to select them—e.g., class availability, provider office locations, staffing, resources, geography.]

Targeted Providers

[List the practices or networks you want to target; add names of individual providers once identified. Think through your rationale and criteria used to select practices and individual providers—e.g., geography, type of practice, established relationship.]

1

What You'll Need

Appendix C: Training and Marketing Tools

- Marketing and Promotion Plan template

Chapter 3

Preparing for Provider Outreach

3. PREPARING FOR PROVIDER OUTREACH

In This Section

This section focuses on training your marketing staff and preparing the outreach materials they will need for scheduling and conducting in-person visits with PCPs. It includes:

- Strategies for successfully training your marketers
- Step-by-step technical instructions for customizing outreach materials
- Snapshots of completed materials as samples

TRAIN YOUR MARKETING STAFF

Effective training is one of the keys to successful marketing. To ensure that your team is fully prepared to begin engaging providers, have a plan in place for training. Here are some suggested approaches for training your intervention marketers.

- Use the information provided in this marketing guide to prepare a training curriculum that combines instructive, interactive, and self-study sessions.
- Set a timeline for completion of the training curriculum. Know when you want to start engaging providers and set your training schedule accordingly. Depending on available staff, prior experience, and program resources, it may take some time until all of your marketers feel ready to call on primary care practices.
- Ensure that the training timeline provides ample opportunity for staff to rehearse initial phone calls and outreach visits. Role play with your colleagues to practice a variety of visit scenarios so marketers are prepared to respond to different situations in the field. Base your role-playing exercises on the call and visit scripts provided in **Appendix C** and on the scenarios modeled in the training video.
- Recognize that some staff may not be immediately comfortable in this kind of marketing and promotion role. They may need more time to practice simulated visits.
- Consider training in phases as marketers move through the steps in the outreach process. Overlap actual tasks and training. For example, while work is under way to select providers to target, begin training for first contact. As first contacts are being made, move to training for the outreach visit, and so forth.
- Ask staff experienced in community outreach and comfortable interacting with providers to mentor or train other marketers.
- Schedule continuing training/education sessions throughout the year for all staff. Be prepared to provide remedial training as necessary.
- Invite providers from within your organization or from other local organizations or agencies to observe and give feedback during practice sessions.

TIP ▶ The National Resource Center for Academic Detailing (www.narcad.org) offers training sessions and other services and resources for public health professionals responsible for provider outreach. You might also look for academic or pharmaceutical detailers in your community who would be willing to give your team pointers or let your marketers observe them on a visit.

Secrets of Marketing Success: Training

- Review the training materials thoroughly and practice role playing multiple scenarios. This will help prepare you and your team members for any situation once you're face-to-face with the provider.
- Give your team members copies of the marketing guide sections that cover the tasks they'll be taking on.
- For each task, walk through the process step-by-step using a combination of instructive, interactive, and self-study sessions.
- Have staff experienced in marketing or outreach train other staff.
- Through role-play sessions with other team members, practice all contacts with providers, from initial contact through the outreach visit and followup.
- Recruit a local physician or experienced colleague to observe the role-play training sessions and provide feedback.

When training staff for provider outreach, keep in mind that the process gets easier over time. With practice and experience, marketers will acquire the knowledge and comfort level needed to think on their feet and deliver a confident, customized presentation. Prepare your team for the reality that the first phone calls and outreach visits they make may not go as smoothly as practiced. Refer to the training video to see how a novice marketer might handle an outreach visit. Use her example to identify mistakes to avoid and to refine your approach. Encourage your marketers to use challenging interactions with providers as learning experiences.

See sidebar for additional training tips.

PREPARE MARKETING MATERIALS

To reinforce the information you share with providers, you'll need materials you can use during the outreach visit, leave behind after the visit, or send later to follow up. This toolkit provides fact sheets, brochures, and other items for both patients and providers on self-management education and physical activity for chronic disease. Some of the materials are customizable with local contact information and class schedules. If you already have marketing materials on the interventions you're promoting, you can use those in your provider outreach.

The marketing materials in this toolkit were developed in response to audience research conducted with patients and providers, and to findings from a pilot test of the 1•2•3 Approach. They highlight the information about chronic disease self-management education and physical activity interventions found to be most important to patients and providers. You will notice that the provider materials emphasize the information PCPs need to make a recommendation, while the patient materials are designed to persuade people with chronic disease to enroll in a local class or workshop. The patient materials follow National Institutes of Health (NIH) plain language principles. The content of all materials has been approved by CDC and carries the CDC logo, which provides added credibility according to research with PCPs.

Electronic copies of all marketing materials are available on the CDC Web site at www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach Sample customized fact sheets are included in **Appendix D** for reference.

Customizing and Printing the Materials

All customizable marketing materials are saved in Microsoft Word or PowerPoint (compatible with Microsoft Office 1997 and later) or available as fillable PDFs (compatible with the Adobe Acrobat family). Complete the customizable sections of the documents with information such as your contact information and class schedules for the interventions you are promoting. Materials that aren't customizable are available as standard PDFs.

Here are general instructions for customizing files. Instructions for specific materials are provided in the sections below.

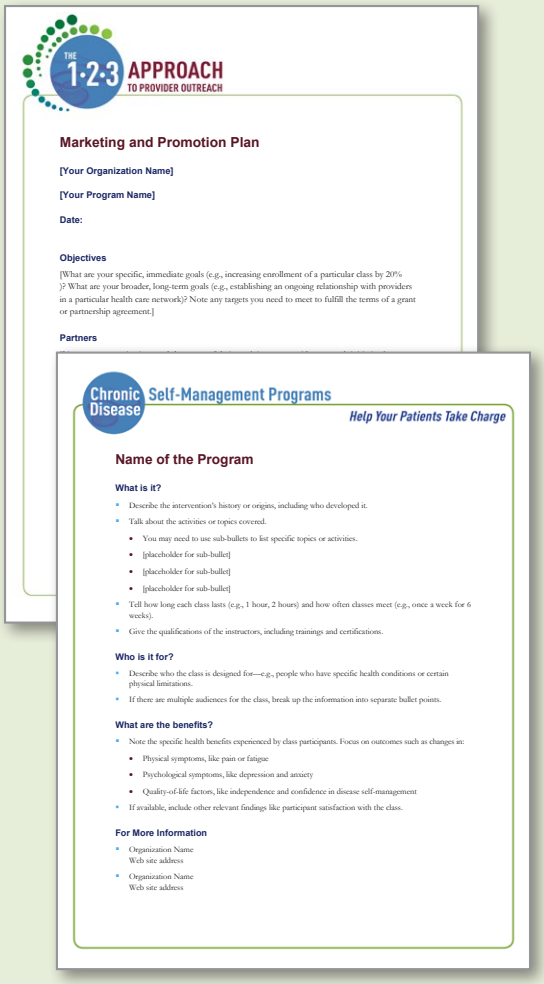
To begin working in a document, download it from the Web site and save it to your personal computer.

- Add your information to the appropriate fields as follows:
  - **For Word and PPT files,** find the bracketed text. These prompts guide you in how to complete the fields. Type your information over the prompts and delete them when you're done. Ensure that the changes you made did not affect the formatting (e.g., fonts, line spacing), or reformat as needed using the specifications provided.
  - **For fillable PDFs,** click on the "Highlight Existing Fields" tab in the toolbar. Fillable fields will then appear shaded. Roll your cursor over the fields to reveal the prompts. Click into each field and type the information you want to add. Note that you can't add or delete lines. To maintain a clean look, complete the lines you need consecutively, even if your information doesn't match the prompts. Leave any blank fields at the end.

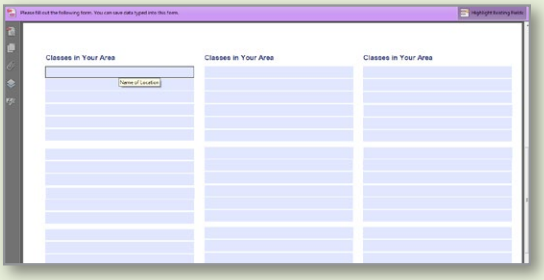
See sidebar for examples.

- Save the completed document to your computer and rename it as preferred. Consider converting Word documents to PDFs to prevent file corruption, accidental edits, or overwrites. Printing from a PDF also preserves print quality.
- Materials can be reproduced from your desktop using a high-quality color laser printer. If printing from your desktop, use the "print to fit" option. This helps preserve the left and right margins. To ensure a professional finish, take the electronic files to a local commercial printer.
- For best results, print fact sheets on high-quality 24-pound color laser paper, unless otherwise noted.

Sample Customizable Word Documents



Sample Fillable PDFs



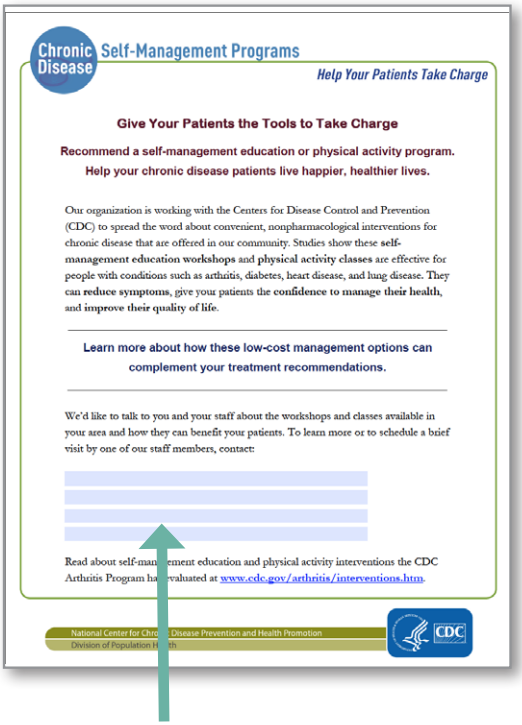
The following sections describe the marketing materials you'll find in the toolkit, and provide instructions for customizing and/or printing.

See Table 3.1 on page 37 for a summary of the materials and production specifications.

Provider Materials

Introductory Flyer

Busy practices may ask your marketers to follow up cold calls with information in writing before they agree to schedule an outreach visit. This single-page flyer is designed to pique PCPs' interest in self-management education and physical activity interventions for chronic disease, and to encourage them to contact you to learn more. Send the flyer by mail, fax, or e-mail as requested by the practice. Although the flyer invites the practice to contact you, follow up proactively; don't wait for them to contact you.



Chronic Disease Self-Management Programs

Help Your Patients Take Charge

Give Your Patients the Tools to Take Charge

Recommend a self-management education or physical activity program.
Help your chronic disease patients live happier, healthier lives.

Our organization is working with the Centers for Disease Control and Prevention (CDC) to spread the word about convenient, nonpharmacological interventions for chronic disease that are offered in our community. Studies show these **self-management education workshops** and **physical activity classes** are effective for people with conditions such as arthritis, diabetes, heart disease, and lung disease. They **can reduce symptoms**, give your patients the **confidence to manage their health**, and **improve their quality of life**.

Learn more about how these low-cost management options can complement your treatment recommendations.

We'd like to talk to you and your staff about the workshops and classes available in your area and how they can benefit your patients. To learn more or to schedule a brief visit by one of our staff members, contact:

Read about self-management education and physical activity interventions the CDC Arthritis Program has evaluated at www.cdc.gov/arthritis/interventions.htm.

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

Customize the flyer by entering your contact information into the fields as prompted in the fillable PDF. We suggest completing the fields as follows:

Fields	Example
Name of Agency or Organization	Florida Department of Health
Marketer Name (###) ###-#### e-mail address	Jennifer Moore (123) 555-2222 jmoore@email.gov

Provider Overview Fact Sheet

The provider overview fact sheet discusses the rationale for recommending chronic disease self-management education and physical activity interventions to patients. It highlights the general characteristics and benefits of the interventions, and lists resources for more information. Have a copy of this fact sheet on hand to refer to during the provider outreach visit. Leave copies behind after the visit for the PCP and office staff.

Chronic Disease Self-Management Programs

Help Your Patients Take Charge

Managing a chronic disease can be complex and frustrating—for you and your patients. Give them the tools they need to improve their health. Recommend a self-management education or physical activity intervention and help your patients take charge.

Current medical treatment options may not always give your patients the relief they're looking for, or they may have trouble following your treatment recommendations. Evidence suggests that nonpharmacological treatments are an important part of chronic disease management.

The Centers for Disease Control and Prevention (CDC) Arthritis Program has identified a number of **self-management education** and **physical activity** interventions proven effective for people with chronic conditions, including arthritis, diabetes, heart disease, and lung disease. These interventions can reduce symptoms, give your patients the confidence to manage their condition, and improve their quality of life.

Why Use These Interventions?

The self-management education and physical activity interventions supported by the CDC Arthritis Program are:

- **Credible.** They were designed by reputable organizations like Stanford University, the University of Washington, and the Arthritis Foundation. Classes are taught by trained and certified instructors.
- **Low-cost.** Self-management education courses typically cost about $25–$40. Physical activity classes cost $1–$4 per session.
- **Convenient.** Classes are offered at convenient locations in your community. Self-management education courses require about a 2–2½ hour time commitment per week for 6–8 weeks. Physical activity classes meet one to three times per week for 8–12 weeks or on an ongoing basis.

Quick Facts

- Almost **1 out of every 2 adults** in the U.S. has at least one chronic disease.[1] More than **1 in 4 adults** have two or more chronic diseases.[2]
- For about **one-fourth** of these people, their condition limits their daily activities.[1]
- The leading cause of disability is arthritis. More than **50 million American adults** have doctor-diagnosed arthritis.[3]
- Your recommendation is important. People **are more than 18 times as likely** to participate in a self-management education intervention if their health care provider recommends it.[4]

[1]www.cdc.gov/chronicdisease/overview
[2]www.rwjf.org/pr/product.jsp?id=50968
[3]www.cdc.gov/arthritis/media/quickstats.htm
[4]*Arthritis and Rheumatism.* 2007;56(9):5307–508.

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Division of Population Health

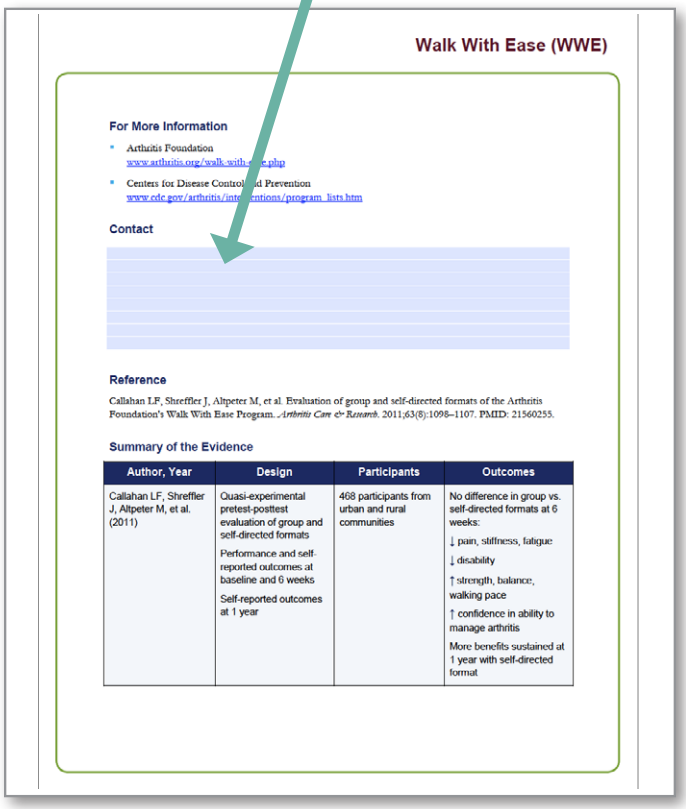
TIP ▶ If you give presentations or participate in community events attended by health care providers, take the introductory flyer along as a handout.

Provider Intervention Fact Sheets

These fact sheets each cover one of the interventions supported by the CDC Arthritis Program. **See sidebar on page 32 for a list of the interventions.** Each fact sheet includes a description of the intervention and evidence on its effectiveness. A reference list of selected published research articles is included at the end. For some interventions, a table summarizing the research evidence is also included; for others, the evidence summary is provided as a separate document. Select the fact sheets that describe the interventions you're promoting. Have copies on hand to refer to during the provider outreach visit. Leave copies behind after the visit for the PCP and office staff.

Customize the **"Contact" section on page 2** by entering your contact information into the fields as prompted in the fillable PDF. Depending on how your program is organized, you may wish to use general contact information or specify by marketer. We suggest completing the fields as follows:

Fields	Example
Marketer Name, Title	Jennifer Moore, Manager
Name of Agency or Organization	Florida Department of Health
Name of Office or Division	Bureau of Chronic Disease
Street Address	4052 Bald Cypress Way
City, ST 00000	Tallahasee, FL 32399
Phone: (###) ###-####	Phone: (123) 555-2222
Fax: (###) ###-####	Fax: (123) 555-2223
E-mail or Web Address	jmoore@email.gov



Walk With Ease (WWE)

For More Information

- Arthritis Foundation
  www.arthritis.org/walk-with-ease.php
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/program_lists.htm

Contact

Reference

Callahan LF, Shreffler J, Altpeter M, et al. Evaluation of group and self-directed formats of the Arthritis Foundation's Walk With Ease Program. *Arthritis Care & Research.* 2011;63(8):1098–1107. PMID: 21560255.

Summary of the Evidence

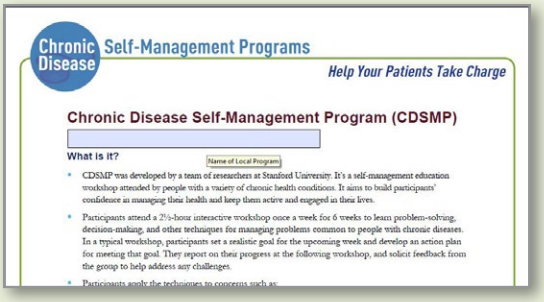
Author, Year	Design	Participants	Outcomes
Callahan LF, Shreffler J, Altpeter M, et al. (2011)	Quasi-experimental pretest-posttest evaluation of group and self-directed formats Performance and self-reported outcomes at baseline and 6 weeks Self-reported outcomes at 1 year	468 participants from urban and rural communities	No difference in group vs. self-directed formats at 6 weeks: ↓ pain, stiffness, fatigue ↓ disability ↑ strength, balance, walking pace ↑ confidence in ability to manage arthritis More benefits sustained at 1 year with self-directed format

Additional Customization Instructions: Provider Intervention Fact Sheets

Additional customization fields are provided for fact sheets on the following interventions.

Chronic Disease Self-Management Program

In some communities, the Chronic Disease Self-Management Program is known by alternate names. As needed, you can add the local name of the program in a field underneath the fact sheet title on page 1.



Chronic Disease Self-Management Programs

Help Your Patients Take Charge

Chronic Disease Self-Management Program (CDSMP)

What is it?

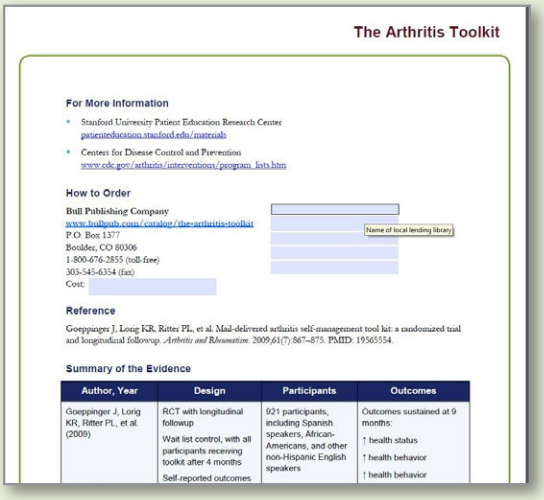
Name of Local Program

- CDSMP was developed by a team of researchers at Stanford University. It's a self-management education workshop attended by people with a variety of chronic health conditions. It aims to build participants' confidence in managing their health and keep them active and engaged in their lives.
- Participants attend a 2½-hour interactive workshop once a week for 6 weeks to learn problem-solving, decision-making, and other techniques for managing problems common to people with chronic diseases. In a typical workshop, participants set a realistic goal for the upcoming week and develop an action plan for meeting that goal. They report on their progress at the following workshop, and solicit feedback from the group to help address any challenges.
- Participants apply the techniques to concerns such as:

The Arthritis Toolkit

In some communities, The Arthritis Toolkit may be available for loan from local lending libraries. As needed, you can add the name and contact information of the library on page 2 in the second column of the "How to Order" section.

You should also complete the "Cost" field at the bottom of the first column. Check the Bell Publishing Company's Web site for up-to-date pricing.



The Arthritis Toolkit

For More Information

- Stanford University Patient Education Research Center
  patienteducation.stanford.edu/materials
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/program_lists.htm

How to Order

Bull Publishing Company
www.bullpub.com/catalog/the-arthritis-toolkit
P.O. Box 1377
Boulder, CO 80306
1-800-676-2855 (toll-free)
303-545-6354 (fax)
Cost:

Name of local lending library

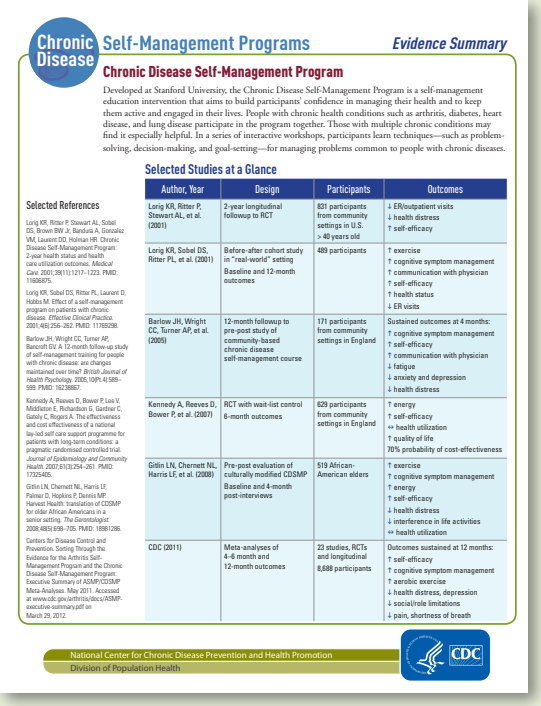
Reference

Goeppinger J, Lorig KR, Ritter PL, et al. Mail-delivered arthritis self-management tool kit: a randomized trial and longitudinal followup. *Arthritis and Rheumatism.* 2009;61(7):867–875. PMID: 19565554.

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Goeppinger J, Lorig KR, Ritter PL, et al. (2009)	RCT with longitudinal followup Wait list control, with all participants receiving toolkit after 4 months Self-reported outcomes	921 participants, including Spanish speakers, African-Americans, and other non-Hispanic English speakers	Outcomes sustained at 9 months: ↑ health status ↑ health behavior ↑ health behavior

Provider Evidence Summary



Chronic Disease Self-Management Programs — *Evidence Summary*

Chronic Disease Self-Management Program

Developed at Stanford University, the Chronic Disease Self-Management Program is a self-management education intervention that aims to build participants' confidence in managing their health and to keep them active and engaged in their lives. People with chronic health conditions such as arthritis, diabetes, heart disease, and lung disease participate in the program together. Those with multiple chronic conditions may find it especially helpful. In a series of interactive workshops, participants learn techniques—such as problem-solving, decision-making, and goal-setting—for managing problems common to people with chronic diseases.

Selected Studies at a Glance

Author, Year	Design	Participants	Outcomes
Lorig KR, Ritter P, Stewart AL, et al. (2001)	2-year longitudinal followup to RCT	831 participants from community settings in U.S. > 40 years old	↓ ER/outpatient visits ↓ health distress ↑ self-efficacy
Lorig KR, Sobel DS, Ritter PL, et al. (2001)	Before-after cohort study in "real-world" setting Baseline and 12-month outcomes	489 participants	↑ exercise ↑ cognitive symptom management ↑ communication with physician ↑ self-efficacy ↑ health status ↓ ER visits
Barlow JH, Wright CC, Turner AP, et al. (2005)	12-month followup to pre-post study of community-based chronic disease self-management course	171 participants from community settings in England	Sustained outcomes at 4 months: ↑ cognitive symptom management ↑ self-efficacy ↑ communication with physician ↓ fatigue ↓ anxiety and depression ↓ health distress
Kennedy A, Reeves D, Bower P, et al. (2007)	RCT with wait-list control 6-month outcomes	629 participants from community settings in England	↑ energy ↑ self-efficacy ↔ health utilization ↑ quality of life 70% probability of cost-effectiveness
Gitlin LN, Chernett NL, Harris LF, et al. (2008)	Pre-post evaluation of culturally modified CDSMP Baseline and 4-month post-interviews	519 African-American elders	↑ exercise ↑ cognitive symptom management ↑ energy ↑ self-efficacy ↓ health distress ↓ interference in life activities ↔ health utilization
CDC (2011)	Meta-analyses of 4–6 month and 12-month outcomes	23 studies, RCTs and longitudinal 8,688 participants	Outcomes sustained at 12 months: ↑ self-efficacy ↑ cognitive symptom management ↑ aerobic exercise ↓ health distress, depression ↓ social/role limitations ↓ pain, shortness of breath

Selected References

Lorig KR, Ritter P, Stewart AL, Sobel DS, Brown BW Jr, Bandura A, Gonzalez VM, Laurent DD, Holman HR. Chronic Disease Self-Management Program: 2-year health status and health care utilization outcomes. *Medical Care*. 2001;39(11):1217–1223. PMID: 11606875.

Lorig KR, Sobel DS, Ritter PL, Laurent D, Hobbs M. Effect of a self-management program on patients with chronic disease. *Effective Clinical Practice*. 2001;4(6):256–262. PMID: 11769298.

Barlow JH, Wright CC, Turner AP, Bancroft GV. A 12-month follow-up study of self-management training for people with chronic diseases: are changes maintained over time? *British Journal of Health Psychology*. 2005;10(Pt.4):585–599. PMID: 16238867.

Kennedy A, Reeves D, Bower P, Lee V, Middleton E, Richardson G, Gardner C, Gately C, Rogers A. The effectiveness and cost effectiveness of a national lay-led self care support programme for patients with long-term conditions: a pragmatic randomised controlled trial. *Journal of Epidemiology and Community Health*. 2007;61(3):254–261. PMID: 17325405.

Gitlin LN, Chernett NL, Harris LF, Palmer D, Hopkins P, Dennis MP. Harvest Health: translation of CDSMP for older African Americans in a senior setting. *The Gerontologist*. 2008;48(5):698–705. PMID: 18981286.

Centers for Disease Control and Prevention. Sorting Through the Evidence for the Arthritis Self-Management Program and the Chronic Disease Self-Management Program: Executive Summary of ASMP/CDSMP Meta-Analyses. May 2011. Accessed at www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf on March 29, 2012.

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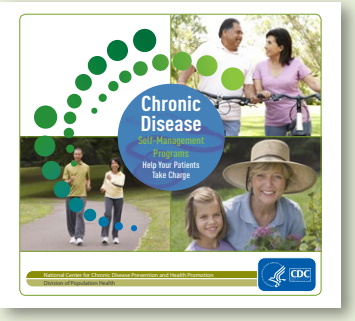
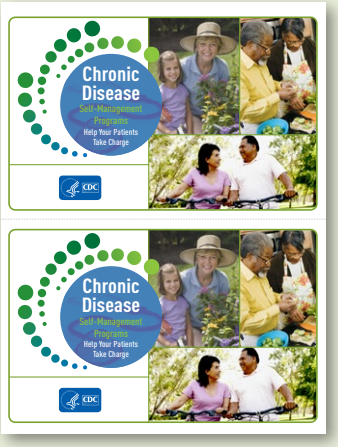
Outreach Folder Label



Follow-up Postcard



Provider Evidence Summary

Evidence summaries are provided for interventions with longer reference lists. Organized as tables, they highlight findings from key studies on an intervention's effectiveness. These studies are published in peer-reviewed scientific journals and indexed on PubMed (www.ncbi.nlm.nih.gov/pubmed). When talking to providers who want more information on the evidence base for a particular intervention, you can refer them to the evidence summary. Leave copies behind after your outreach visit.

Outreach Folder Label

Arrange the provider and patient materials into packets prior to your outreach visit. In a pilot test of the 1•2•3 Approach, packaging materials in a standard 2-pocket folder worked well to keep the materials organized during the outreach visit. To maintain the look and feel of the materials, attach a label to the front of the folder. Print them on full-size sheet Avery labels, size 8½" x 11" (Avery product number 8255).

Follow-up Postcard

An electronic copy of a postcard you can send to providers to follow up an outreach visit is included with this marketing guide. The PDF file prints two cards per sheet. When sending follow-up cards to providers, use the back of the card to hand write messages and information such as new class announcements and patient enrollment updates. They can be reproduced on your desktop printer using at least 28 lb color laser paper. For a more professional finish, take the electronic file to a local printer and ask for the postcards to be printed on 80 lb matte cover.

Slide Presentation

Some PCP offices or health networks may give you time to make a brief presentation to staff about the interventions you're promoting. You might also have opportunities to present at events in your community. Use the PowerPoint slide presentation in this toolkit to guide group presentations like these. The slides cover the following topics:

- Rationale for recommending self-management interventions for chronic disease
- Introduction to the types of interventions (i.e., self-management education and physical activity)
- Overview of the general benefits
- Descriptions and benefits of the interventions you are promoting locally
- Resources and contact information

You can customize the slide set by doing the following:

- On **Slides 2 and 3**, there is room for you to add state data on common chronic diseases. Using "Normal" view, click into the slide and modify the text as needed. If you do not want to include state data, you can delete this text and combine the overall statistics into one slide.
- On **Slide 13**, add the names of the interventions you're promoting.
- On the **final slide** (titled "Questions?"), add your local contact information.

Delete the slides on the interventions you're not promoting. An easy way to delete slides is to use the "Normal" or "Slide Sorter" view, right click on the slide you want to remove, and select "Delete Slide" from the pop-up menu.

You can also add notes to guide your presentation. Use the "Notes Page" view and "click to add text."

TIP ▶ In a pilot test of the 1•2•3 Approach, marketers found that presenting at practice staff meetings or other local events was a good way to reach multiple providers at once and generate initial interest. However, ongoing direct contact was required to produce provider recommendations.

Patient Materials

Patient Brochure

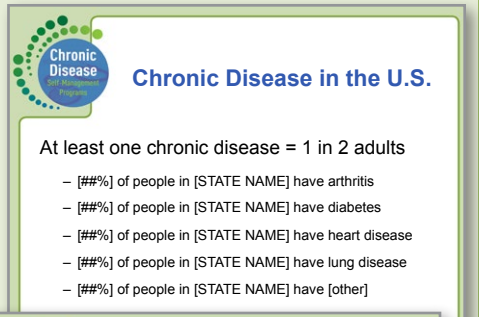
The trifold brochure *Take Charge! Managing Your Health* (in Spanish, *¡Hágase cargo! Tomando Control de su Salud*) is a plain language overview of self-management education and physical activity interventions for chronic disease. Leave a supply of these brochures with providers after the outreach visit and encourage them to pass on copies to patients who could benefit.

You can print these brochures from a desktop printer and fold them by hand. **See page 30 for instructions on brochure.** For best results, however, take the electronic file to a local printer. Use the file marked "Print;" it includes crop marks to indicate where the paper should be scored and folded. Ask for the brochure to be printed to these specifications:

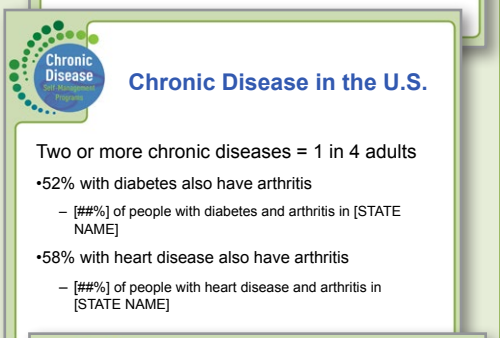
- Flat Size: 8.5" x 11"
- Finished Size: 3.66" x 8.5"
- Inks: 4/4 plus + satin aqueous (CMYK)
- Stock: 100 lb text
- Folding: Score and fold accordion-style

PowerPoint Slides

Slide 2



Slide 3



Slide 13

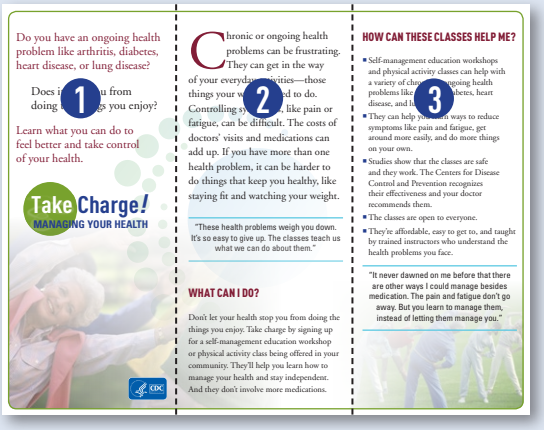
Final Slide

Folding the Patient Brochure

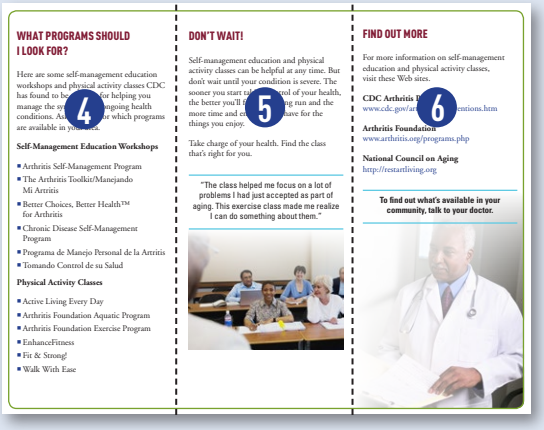
The patient brochure was designed to use an accordion fold to maintain graphic quality for desktop printing. An accordion fold— also called a z-fold or zigzag fold—creates a total of six panels of equal size. You'll make two folds in opposite directions so that the brochure resembles the letter "z." Here's how to do it:

1. Print the brochure to a high-quality color printer as specified. Make sure your printer is set for duplex or double-sided printing. Adjust your printer settings to print the document "head-to-head," "top-to-top," or "flip up."

2. Lay the printed sheet flat with panels 1, 2, and 3 facing up.



Fold Fold



Fold Fold

3. Fold panel 3 from right to left so that it faces panel 2.

4. Turn the sheet over so that panels 5 and 6 are face-up. Fold panel 6 from right to left so that it faces panel 5.

5. The sheet will be folded like an accordion. Panel 1 will form the front cover of the brochure.

Accordion Fold

Folded Brochure (front view)

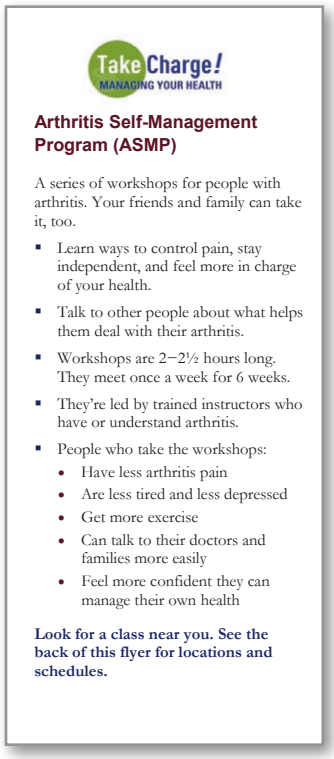
6. When folded, each panel should measure 3.66" x 8.5".

Class Schedule

Designed to accompany or be inserted in the trifold brochure, these customizable pieces offer a brief plain language description of the intervention on side 1, with space to add local class information on side 2. You can reproduce these from a desktop printer on a heavier weight paper (up to 80 lb text), or take the electronic file to a local printer and have them reproduced on 65 lb cover. The file prints three class schedules per sheet; trim them manually so that each schedule is the same size. For best results, take the electronic file to a local printer to be reproduced and trimmed.

A class schedule is available for each of the 12 interventions covered in the provider fact sheets, in both English and Spanish as appropriate. For each intervention you're promoting, customize the **"Classes In Your Area" section on side 2** by entering local class information into the fields as prompted in the fillable PDF. We suggest completing the fields as follows:

Fields	Example
Name of Location Address (###) ###-#### [Day, dates of classes] 00:00–00:00 a.m./p.m. $$ per session/$$ for # sessions	**Tri-County YMCA** 1234 Main St., Kansas City (123) 555-2222 June 7–July 28 10:00–11:00 a.m. $2 per session



Take Charge! MANAGING YOUR HEALTH

Arthritis Self-Management Program (ASMP)

A series of workshops for people with arthritis. Your friends and family can take it, too.

- Learn ways to control pain, stay independent, and feel more in charge of your health.
- Talk to other people about what helps them deal with their arthritis.
- Workshops are 2–2½ hours long. They meet once a week for 6 weeks.
- They're led by trained instructors who have or understand arthritis.
- People who take the workshops:
  - Have less arthritis pain
  - Are less tired and less depressed
  - Get more exercise
  - Can talk to their doctors and families more easily
  - Feel more confident they can manage their own health

Look for a class near you. See the back of this flyer for locations and schedules.

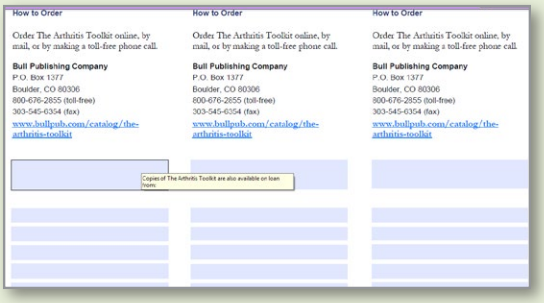
Classes in Your Area

Additional Customization Instructions: Patient Class Schedules

Additional customization fields are provided for class schedules on the following interventions.

The Arthritis Toolkit/Manejando Mi Artritis

In some communities, The Arthritis Toolkit may be available for loan from local lending libraries. As needed, you can add the name and contact information of the library on side 2 of both the English and Spanish versions of the class schedule, underneath the Bell Publishing Company information. There is space for you to add an introductory sentence—for example, "Copies of The Arthritis Toolkit are available on loan from"—followed by the name and contact information of the library.



How to Order

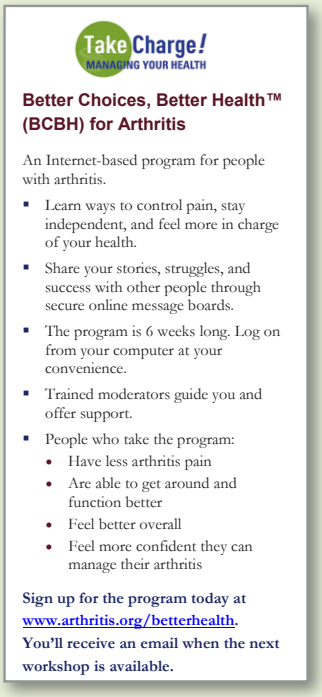
Order The Arthritis Toolkit online, by mail, or by making a toll-free phone call.

Bull Publishing Company
P.O. Box 1377
Boulder, CO 80306
800-676-2855 (toll-free)
303-545-6354 (fax)
www.bullpub.com/catalog/the-arthritis-toolkit

Copies of The Arthritis Toolkit are also available on loan from:

Better Choices, Better Health™ for Arthritis

This program is available by Internet only; therefore, there are no customization fields in this document and no side 2.



Take Charge! MANAGING YOUR HEALTH

Better Choices, Better Health™ (BCBH) for Arthritis

An Internet-based program for people with arthritis.

- Learn ways to control pain, stay independent, and feel more in charge of your health.
- Share your stories, struggles, and success with other people through secure online message boards.
- The program is 6 weeks long. Log on from your computer at your convenience.
- Trained moderators guide you and offer support.
- People who take the program:
  - Have less arthritis pain
  - Are able to get around and function better
  - Feel better overall
  - Feel more confident they can manage their arthritis

Sign up for the program today at www.arthritis.org/betterhealth. You'll receive an email when the next workshop is available.

Interventions Covered in the Toolkit

The toolkit provides fact sheets on the following self-management education and physical activity interventions. The CDC Arthritis Program has identified these interventions as arthritis appropriate, evidence-based, and suitable for use as a public health intervention.

Self-Management Education Workshops

- Arthritis Self-Management Program
- The Arthritis Toolkit/Manajando Mi Artritis
- Chronic Disease Self-Management Program
- Better Choices, Better Health™ for Arthritis
- Programa de Manejo Personal de la Artritis
- Tomando Control de su Salud

Physical Activity Classes

- Active Living Every Day
- Arthritis Foundation Aquatic Program
- Arthritis Foundation Exercise Program
- EnhanceFitness
- Fit & Strong!
- Walk With Ease

Templates for New Materials

Provider Intervention Fact Sheet Template

If you're promoting evidence-based interventions that aren't covered by the fact sheets in this toolkit, you can use the blank template in Word to create your own. To keep a unified look to the materials, follow the style used in the other provider intervention fact sheets; use the same fonts and colors and organize the text the same way. **You may add your organization's logo, but please do not use the CDC logo on materials you develop yourself.**

Refer to published journal articles and other reputable online sources with information about the intervention, such as national organizations, academic institutions, or the developer. The fact sheet does not have to be comprehensive; keep your text concise. Cover the key points so that providers have enough information to decide whether a particular intervention is right for a particular patient, and to answer patients' questions or concerns. Aim to keep the first four sections—through What Are the Benefits?—to one page. In general, follow practices for clear communication such as chunking text into bullets and starting a new bullet for each topic. See www.plainlanguage.gov/howto/quickreference/quicktips.cfm for quick tips on writing clearly.

Here are some tips for completing each section of the fact sheet. **See page 35 for formatting specifications.**

1. **Title**. Use the name of the program as the title of the fact sheet. Follow the usual rules for capitalization (i.e., capitalize all important words).

TIP ▶ On page 2 of the fact sheet template, remember to add the name of the program to the header. Place your cursor at the top of the page, above the green line, and double click. Then single click on the text that reads "Name of the Program," and type over it using the same title as you did on page 1.

2. **What is it?** This section should give a clear snapshot of what a participant who takes the class can expect. In separate bullet points, briefly describe:
   - The intervention's history or origins, including who developed it
   - The length of the class and how often it meets
   - Activities or topics covered
   - Qualifications of the leaders, including trainings and certifications

3. **Who Is It For?** Describe who the class is designed for—e.g., people who have specific health conditions or physical limitation or who are in a certain age range.
4. **What Are the Benefits?** Note the specific health benefits experienced by class participants. Focus on outcomes such as improvements in physical symptoms (like pain or fatigue), psychological symptoms (like depression and anxiety), and quality of life (including increased independence and confidence in managing a chronic health condition). Other relevant information may include participant satisfaction with the class and adherence to the schedule. To ensure the credibility of your materials, cite findings from published scientific research and program evaluations.
5. **For More Information.** Give the names and Web sites of two or three organizations PCPs can consult for more information about the intervention. Use the Web sites you referenced to write the fact sheet. They may include the organization that developed the program (like a university), a national advocacy organization that administers the program around the country (like the Arthritis Foundation or the YMCA), or a federal or local government agency (like CDC or your state health department).
6. **Contact.** Add the name and title of the marketer doing the outreach; the name of your program or organization; and your program's mailing address, phone number, and e-mail or Web site.
7. **References.** List the journal articles you referred to when writing the fact sheet. If there are numerous articles, list only the most relevant selection (no more than 6–8). Use Medline citation style.
8. **Summary of the Evidence.** Findings from a pilot test of the 1•2•3 Approach suggest that PCPs prefer at-a-glance summaries of study results to support clinical decision-making about whether to use an intervention. Summarize the results of the studies in your reference list by completing the table columns with the following information:
   - ***Author, Year.*** Provide the names of the first three authors using Medline citation style. Use "et al." after the third author if there are more than three authors. Include the year of publication in parentheses.
   - ***Design.*** Give pertinent details about the study design, such as the type of study, duration, and types of outcomes reported.

Chronic Disease Self-Management Programs

Help Your Patients Take Charge

1 Name of the Program

2 What is it?

- Describe the intervention's history or origins, including who developed it.
- Talk about the activities or topics covered.
  - You may need to use sub-bullets to list specific topics or activities.
  - [placeholder for sub-bullet]
  - [placeholder for sub-bullet]
  - [placeholder for sub-bullet]
- Tell how long each class lasts (e.g., 1 hour, 2 hours) and how often classes meet (e.g., once a week for 6 weeks).
- Give the qualifications of the instructors, including trainings and certifications.

3 Who is it for?

- Describe who the class is designed for—e.g., people who have specific health conditions or certain physical limitations.
- If there are multiple audiences for the class, break up the information into separate bullet points.

4 What are the benefits?

- Note the specific health benefits experienced by class participants. Focus on outcomes such as changes in:
  - Physical symptoms, like pain or fatigue
  - Psychological symptoms, like depression and anxiety
  - Quality-of-life factors, like independence and confidence in disease self-management
- If available, include other relevant findings like participant satisfaction with the class.

5 For More Information

- Organization Name
  Web site address
- Organization Name
  Web site address

Name of the Program

6 Contact

Marketer Name, Title
Name of Agency or Organization
Name of Office or Division
Street Address
City, ST 00000
Phone: (###) ###-####
Fax: (###) ###-####
E-mail or Web Address

7 References

Last Name AB, Last Name CD, Last Name EF, et al. Title of journal article in sentence case. *Title of Journal.* Year;Vol(Issue):Page–Page. PMID: ########.

Last Name AB, Last Name CD, Last Name EF. Title of journal article in sentence case. *Title of Journal.* Year;Vol(Issue):Page–Page. PMID: ########.

Last Name AB, Last Name CD, Last Name EF. Title of journal article in sentence case. *Title of Journal.* Year;Vol(Issue):Page–Page. PMID: ########.

8 Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Author AB, Author CD, Author E, et al. (YYYY)	Type of study Duration Outcomes reported	Number and type of participants	↓ symptom x ↑ symptom y Other outcomes as reported

- ***Participants.*** Give the number of participants and any relevant demographic or inclusion criteria, such as the recruitment setting or whether participants belong to a specific population.
- ***Outcomes.*** List the key findings of the study as reported by the study authors. Focus on disease symptoms, psychological or behavioral changes, and quality of life measures. To conserve space, use the Insert > Symbol function in Word to add directional or other symbols to represent changes—for example, a down arrow to represent a decrease.

Try to keep the length of the fact sheet to no more than two pages. If you can't fit your summary table to page two of the fact sheet, start it on a new page. You can hand it out to providers as a separate document to supplement the fact sheet.

Here's an example of a summary table entry:

Author, Year	Design	Participants	Outcomes
Callahan LF, Shreffler J, Altpeter M, et al. (2011)	Quasi-experimental pretest-posttest evaluation of group and self-directed formats Performance and self-reported outcomes at baseline and 6 weeks Self-reported outcomes at 1 year	468 participants from urban and rural communities	No difference in group vs. self-directed formats at 6 weeks: ↓ pain, stiffness, fatigue ↓ disability ↑ strength, balance, walking pace ↑ confidence in ability to manage arthritis More benefits sustained at 1 year with self-directed format

Formatting Specifications for Provider Intervention Fact Sheet

Title Header

- *Font:* Arial
- *Font Style:* Bold
- *Font Size:* 18 point
- *Font Color:* Custom; red 90, green 22, blue 39
- *Paragraph spacing:* 12 point above and below (adjust as needed)
- *Line spacing:* Multiple at 1.15

Section Headers

- *Font:* Arial
- *Font Style:* Bold
- *Font Size:* 12 point
- *Font Color:* Custom; red 27, green 39, blue 100
- *Paragraph spacing:* 18 point above and 6 point below (adjust as needed)
- *Line spacing:* Multiple at 1.15

Body Text

- *Font:* Garamond
- *Font Style:* Regular
- *Font Size:* 11 point
- *Font Color:* Automatic (Black)
- *Paragraph spacing:* 6 point below (adjust as needed)
- *Line Spacing:* Multiple at 1.15

Summary Table

- *Table Size:* 6.5 inches
- *Alignment:* Center

Table Headers

- *Font:* Arial
- *Font Style:* Bold
- *Font Size:* 11 point
- *Font Color:* White
- *Fill:* Custom; red 27, green 39, blue 100
- *Paragraph spacing:* 6 point above and below (adjust as needed)
- *Line spacing:* Multiple at 1.15

Table Text

- *Font:* Arial
- *Font Style:* Regular
- *Font Size:* 10 point
- *Font Color:* Automatic (Black)
- *Fill:* Custom; red 243, green 246, blue 251
- *Paragraph spacing:* 6 point above and below (adjust as needed)
- *Line spacing:* Multiple at 1.15

Class Schedule Template

If you're promoting evidence-based interventions that aren't covered by the materials in this toolkit, you can use the blank class schedule template to create your own. To keep a unified look to the materials, follow the style used in the other class schedules using the same fonts and colors and organizing the text the same way. **You may add your organization's logo, but please do not use the CDC logo on materials you develop yourself.**

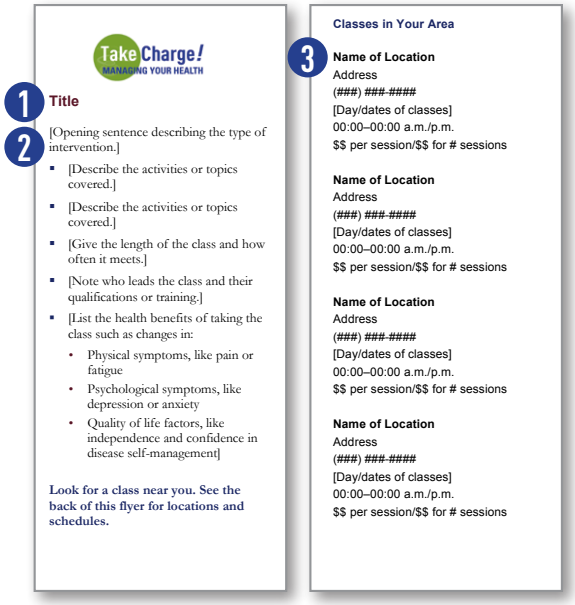
Here are some tips for completing side 1; the template.

1. **Title.** Use the name of the program as the title of the fact sheet. Follow the usual rules for capitalization (i.e., capitalize all important words).
2. **Description.** This section should give a clear snapshot of what participants can expect when they take the class. Insert an opening sentence that describes what type of intervention it is and who it's for. Then in separate bullet points, briefly describe the:

   - Activities or topics covered
   - Length of the class and how often it meets
   - Qualifications of the leaders, including trainings and certifications
   - Specific health benefits of taking the class

3. **Classes in Your Area.** Refer to earlier guidance for adding local class information.

Work from the information you already prepared for the provider intervention fact sheet. Keep your descriptions short and concise and as close to an eighth grade reading level as possible. See NIH guidance on plain language (www.plainlanguage.gov) for additional tips on developing materials for a general audience.


Take Charge! MANAGING YOUR HEALTH

1 Title

2 [Opening sentence describing the type of intervention.]

- [Describe the activities or topics covered.]
- [Describe the activities or topics covered.]
- [Give the length of the class and how often it meets.]
- [Note who leads the class and their qualifications or training.]
- [List the health benefits of taking the class such as changes in:
  - Physical symptoms, like pain or fatigue
  - Psychological symptoms, like depression or anxiety
  - Quality of life factors, like independence and confidence in disease self-management]

Look for a class near you. See the back of this flyer for locations and schedules.

3 **Classes in Your Area**

Name of Location
Address
(###) ###-####
[Day/dates of classes]
00:00–00:00 a.m./p.m.
$$ per session/$$ for # sessions

Name of Location
Address
(###) ###-####
[Day/dates of classes]
00:00–00:00 a.m./p.m.
$$ per session/$$ for # sessions

Name of Location
Address
(###) ###-####
[Day/dates of classes]
00:00–00:00 a.m./p.m.
$$ per session/$$ for # sessions

Name of Location
Address
(###) ###-####
[Day/dates of classes]
00:00–00:00 a.m./p.m.
$$ per session/$$ for # sessions

Formatting Specifications for Class Schedule

Side 1

Title Header

- *Font:* Arial
- *Font Style:* Bold
- *Font Size:* 14 point
- *Font Color:* Custom; red 90, green 22, blue 39
- *Spacing:* 12 point after (adjust as needed)
- *Line spacing:* Multiple at 1.15

Body Text

- *Font:* Garamond
- *Font Style:* Regular
- *Font Size:* 13 point
- *Font Color:* Automatic (Black)
- *Spacing:* 6 point after (adjust as needed)
- *Line Spacing:* Multiple at 1.15

Side 2

Body Text

- *Font:* Arial
- *Font Style:* Regular
- *Font Size:* 12 point
- *Font Color:* Automatic (Black)
- *Line Spacing:* Multiple at 1.25

Poster

Checklist for Preparing Marketing Materials

- Customize fact sheets for providers and patients.
- Print materials from your desktop printer or arrange to have them reproduced by a local commercial printer.
- Prepare folders for the outreach materials. For each practice, you'll need:
  - ✓ 1 outreach folder
  - ✓ 1 outreach folder label
  - ✓ 1 copy of the provider overview fact sheet for each PCP or staff member
  - ✓ 1 copy of each provider intervention fact sheet for each PCP or staff member
  - ✓ 1 copy of each evidence summary (if available) for each PCP or staff member
  - ✓ 50–100 copies of the patient brochure
  - ✓ 50–100 copies of each class schedule
  - ✓ 1–3 posters
- Prepare slide presentation as needed.
- Have copies of the follow-up postcards ready to go.

Poster

An electronic copy of a poster promoting self-management education and physical activity interventions for chronic disease is included in this toolkit. Leave several posters behind after your outreach visit for providers to display in their office waiting and exam rooms. Posters can be reproduced on your desktop printer using 24 lb or 28 lb color laser paper. For a more professional finish, take the electronic file to a local printer and ask for the posters to be printed on 80 lb matte text.

What You'll Need

Training Video (see www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach)

Appendix C: Training and Marketing Tools

- Phone Call and Outreach Visit Scripts
- Slide Presentation

Appendix D: Customizable Marketing Materials

- Introductory Flyer
- Introductory Flyer (sample)
- Provider Overview Fact Sheet
- Provider Intervention Fact Sheets
- Provider Intervention Fact Sheet (samples)
- Evidence Summaries
- Outreach Folder Label
- Follow-up Postcard
- Patient Brochure (in English and Spanish)
- Class Schedules
- Class Schedules (samples)
- Poster

Table 3.1 Summary of Outreach Materials for the 1•2•3 Approach

MATERIAL	PURPOSE	FILE FORMAT	CUSTOMIZE?	PRINT SPECIFICATIONS	
				Paper	Finish Size
PROVIDER MATERIALS **Chronic Disease Self-Management Programs: Help Your Patients Take Charge!**					
Introductory Flyer	Introduces providers to the benefits of self-management for their patients, and encourages them to schedule an outreach visit to learn more	Fillable PDF	Yes	24# or 32#	8½" x 11"
Provider Overview Fact Sheet	Discusses the rationale for recommending self-management interventions, including benefits for patients	PDF	No	24# or 32#	8½" x 11"
Provider Intervention Fact Sheets	Describe individual interventions to help providers decide whether a particular intervention is right for a particular patient and answer questions or concerns	Fillable PDF	Yes	24# or 32#	8½" x 11"
Evidence Summaries	Highlight findings from key studies on an intervention's effectiveness	PDF	No	24# or 32#	8½" x 11"
Outreach Folder Label	To affix to the front of provider outreach folders	PDF	No	Avery labels, product 8255 8½" x 11" sheet	
Follow-up Postcard	Helps you stay in touch with providers after the outreach visit	PDF	No	65# cardstock (desktop) or 100# text (commercial)	5" x 7"
Slide Presentation	Summarizes information from the print materials in a presentation format	PowerPoint	Yes	n/a	n/a
Provider Intervention Fact Sheet Template	Allows you to create your own fact sheets on interventions not covered in this toolkit while maintaining a unified look to your materials	Word	Yes	24# or 32#	8½" x 11"
PATIENT MATERIALS **Take Charge! Managing Your Health**					
Patient Brochure	Provides a plain language overview of self-management interventions for chronic disease	PDF	No	32# (desktop) or 100# text (commercial)	Flat 8½" x 11" Finished 3.66" x 8½"
Class Schedules	Offer a brief plain language description and local class dates, times, and locations	Fillable PDF	Yes	24# or 32# (desktop) or 100# text (commercial)	3.66" x 8.½"
Poster	Designed to be displayed in PCP offices to promote the concept of self-management to patients	PDF	No	65# cardstock (desktop) or 100# text (commercial)	11" x 17"
Class Schedule Template	Allows you to create your own class schedules for interventions not covered in this toolkit while maintaining a unified look to your materials	Word	Yes	24# or 32# (desktop) or 100# text (commercial)	3.66" x 8.½"

Chapter 4

Conducting Provider Outreach: The 1•2•3 Approach

4. CONDUCTING PROVIDER OUTREACH: THE 1•2•3 APPROACH

In This Section

This section reviews the three basic steps for reaching out to PCPs and conducting in-person visits to encourage PCPs to recommend self-management education and physical activity interventions to their patients. You'll find strategies for

- Making initial contact with PCPs through cold calling
- Conducting the outreach visit and making your pitch
- Following up with PCPs to continue driving recommendations and to establish long-term relationships with the local medical community

The tools and tips provided here are designed to make it as easy as possible for your marketing team to persuade providers to recommend self-management education and physical activity interventions to patients with chronic diseases, such as arthritis, diabetes, heart disease, and lung disease.

STEP 1: MAKE INITIAL CONTACT

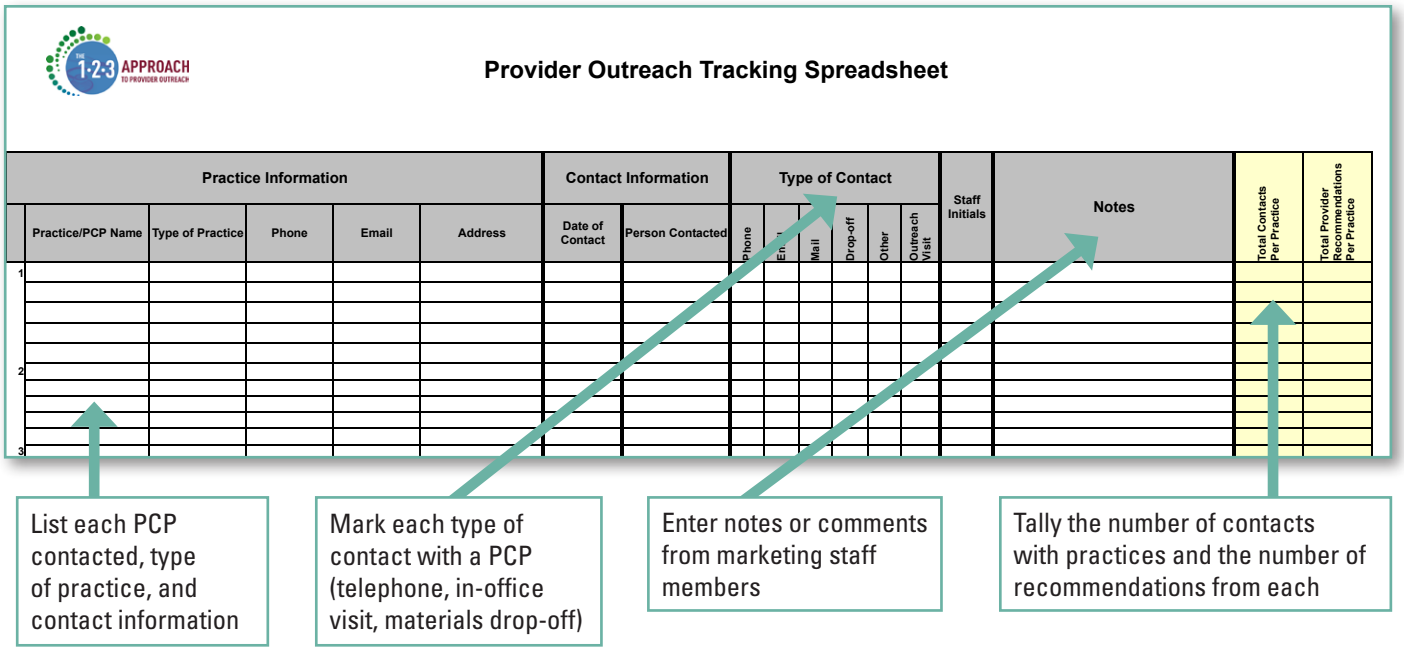
Call the PCP office to introduce your outreach initiative and schedule a face-to-face visit. The **phone call and visit scripts** in **Appendix C** will help guide your calls.

Cold calling offices is a critical step in the outreach process. This is your opportunity to get a foot in the door and initiate a relationship with the provider. The phone script covers scenarios you may encounter as you make your initial pitch to PCP staff. Here are some overall strategies for making successful contacts.

- Before you make a call, review the information you have collected about the practice. Make sure you know the name of the practice, its location, the names of providers, and other relevant information.
- Make your phone calls during regular weekday business hours (i.e., Monday–Friday, 9 a.m.–5 p.m.). Avoid lunch hour, as many practices do not answer their phones during this time. Be prepared to call back at a more convenient time if the office staff is too busy to take your call.
- Be flexible when setting up face-to-face visits; schedule them at the provider's convenience. To maximize your chance at getting a visit on the books, don't insist on meeting with the lead physician in the practice. Be willing to meet with any available provider or potential office champion.
- Remember to confirm the primary contact person and contact information for the practice.
- When contacting practices to schedule an outreach visit, use it as an opportunity to confirm the following information about the practice and its patient base, time permitting:
  - Type of practice
  - Names of the affiliated providers
  - Recommendation habits (i.e., whether the providers have previously recommended patients for self-management education and physical activity interventions)
  - Arrangements for displaying outreach materials in exam and waiting rooms
- If this information cannot be verified during the call, remind marketers to do so at the start of the outreach visit.
- Place a reminder call to the practice 24 hours in advance of the scheduled outreach visit.
- Complete the **Provider Outreach Tracking Spreadsheet**. Establish a habit among your marketers of entering each contact with a practice on this spreadsheet. Tracking your contacts helps

you and your colleagues to see at-a-glance where outreach activities stand with each practice and what needs to be done next. It also gives you information you can use in evaluating your outreach efforts. The template provided in **Appendix C** is a simple Excel spreadsheet designed to collect basic information such as the practice's address and phone number; PCP and office staff names; dates and types of contact; and other notes. **See Figure 4.1 below for details.** You can customize the spreadsheet with additional fields as necessary. Use the spreadsheet instructions tab for detailed guidance.

Figure 4.1 Overview of Provider Outreach Tracking Form



STEP 2: CONDUCT THE OUTREACH VISIT

The outreach visit is the key step in your marketing efforts. This is your opportunity to educate providers about the benefits of the interventions you are promoting and convince them to recommend the interventions to their patients with chronic disease.

TIP ▶ When conducting an outreach visit, you may want to bring a small token of appreciation with you. This could include candy or other food item, or giveaways with your organization's logo like pens. Although providers are meeting with you because the information you have to offer is valuable, small gift items may help break the ice and show a consideration that staff will appreciate and remember.

Get Ready for the Visit

Arrive on time with your folder of marketing materials, and your business card. Plan for a 5-minute face-to-face visit, but be flexible: you may find that you only have 1–2 minutes of the provider's time in the hallway between office visits, or the provider may have time to sit down with you for a more indepth dialogue. Use the visit script provided in **Appendix C** to help shape your presentation and prepare for a variety of scenarios. To ensure that you make the most of the visit, organize your presentation and marketing pitch in advance.

If you know that you will have time to make a formal presentation to the PCP and office staff, have your slide presentation prepared. Most of your outreach visits will take place without the use of these slides; however, they may come in handy if you are allotted time to speak at a practice's staff meeting. You can also leave them behind as additional materials for PCPs and their staff.

Make the Pitch: Key Marketing Messages

Although the format of the visit will vary by provider, aim to work in as many of the key marketing messages as time allows. These key messages were shaped by audience research with PCPs on factors important to them in making recommendations.

See sidebar for a summary of the keys to making an effective marketing pitch.

The Three Cs. Lead with "the three Cs:" cost, convenience, and credibility. This information will help address providers' top concerns about the interventions. Note that some of the details provided below—such as fees and class locations—will differ by community.

1. **Cost.** Community-based chronic disease self-management classes are low-cost options. The typical fee is approximately $25 for a 6-week self-management education course or $1–4 per session for a physical activity program, with classes meeting 1–3 times per week. Make sure you check the registration fees for the specific interventions you are promoting before you develop your pitch. For patients who cannot afford the cost, fees may be waived or subsidized or scholarships may be available. Check with local or national advocacy groups, partners, or organizations sponsoring the classes in your community to determine if subsidies are available.
2. **Convenience.** Classes are offered at nearby locations such as community and senior centers, recreational facilities, health centers, schools, and YMCAs. They are generally accessible by public transportation.
3. **Credibility.** The interventions supported by the CDC have been shown to offer a number of physical, behavioral, and psychosocial benefits. They were designed by physicians or research groups based at universities such as Stanford and the University of Washington, or by reputable national organizations such as the Arthritis Foundation. All instructors are trained to deliver the specific classes they lead. The interventions were screened by the CDC Arthritis Program based on factors such as design and level of arthritis-appropriateness (including safety); adequacy of the evidence base from study design to outcomes; and feasibility of implementing in a wider population. Although many of CDC's outcomes are focused on arthritis, they include findings relevant to other chronic conditions.

Your Marketing Pitch at a Glance

Here are the keys to making the most out of your face time with providers:

- **Emphasize the core marketing messages—cost, convenience, and credibility**. Come prepared with information on class schedules, locations, and costs. Be ready to address concerns about the proximity and accessibility of class facilities. Know which organizations developed the interventions you are promoting and be familiar with the training requirements of instructors.
- **Highlight proven benefits to patients.** Mention the general benefits of self-management interventions. If the provider has time, provide details about the evidence supporting the interventions you're promoting.
- **Distinguish your interventions from competing programs.** Make the classes you're promoting stand out from others being offered in your area. Highlight what makes the classes unique (e.g., cost, the course content, or participant-reported benefits).
- **Make it easy to recommend the interventions.** Organize your outreach materials so that they're available to providers in one place. Pay attention to the questions and reactions and tailor your messages as needed. Know when to "cut to the chase." Emphasize what makes the interventions worthwhile as a treatment tool.

If a provider indicates an interest in hearing more, provide information on additional benefits of the intervention such as improvements in disease-specific symptoms.

Secrets of Marketing Success: Flexibility

- Schedule outreach visits at the provider's convenience.
- Plan for a 5-minute visit, but be prepared to adapt. You may get only 1–2 minutes of the provider's time, or you may get time for more indepth discussion with the provider. Ensure that visits are scheduled far enough apart throughout the day to allow this flexibility.
- Be willing to reschedule as needed. If possible, don't push the new date of a visit out more than 1–2 weeks.
- Pay attention during interactions with providers and office staff and be prepared to adapt and tailor your messages as needed.
- Don't get flustered if a provider must cut a visit short. Stay focused on the core messages during the time you have with the provider. Try to schedule a follow-up visit or phone call as soon as possible to answer questions and reinforce information already provided. Leave your business card and marketing materials with the receptionist or office manager.
- Incorporate lessons learned as you refine your approach for future outreach visits.

Be prepared to leave the outreach materials behind if the provider or office staff don't have time to meet with you.

TIP ▶ For those who plan class schedules, pay attention to the three Cs. Ensure the interventions being offered are affordable, convenient, and easily accessible.

Benefits. As part of your pitch, be sure to talk about the proven benefits to patients (including long-term benefits, where applicable). In a pilot test of the 1•2•3 Approach, PCPs responded better initially to broad-based messages relevant to a range of chronic diseases. Highlight the general benefits of the interventions, namely:

- Reduced pain and fatigue
- Improved self-rated health
- Improved range of motion
- Increased physical activity
- Elevated mood
- Improved psychological well-being
- Increased confidence in managing health

Time permitting, you may also mention the following:

- Both self-management education and physical activity interventions have the added benefit of encouraging participants to increase their exercise. This can help them maintain a healthy weight, which is important in controlling disease progression and disability.
- Benefits can last beyond the last class. Many studies have followed participants after they complete the programs and found that the beneficial effects can last for 12 months or more.

If the PCP expresses interest or if you learn that the practice specializes in patients with specific health conditions, consider working in messages about disease-specific benefits of the interventions.

Distinguish From Competing Programs for Chronic Disease

If there are other chronic disease self-management education and physical activity classes being offered nearby, you will need to make the interventions you're marketing stand out. Use the following strategies to convince providers that the classes you're promoting are best suited to their patients' needs.

- Highlight effectiveness, as well as key factors such as cost, convenience, and credibility.
- If you're marketing more than one intervention, describe each one separately. Highlight the unique elements and/or benefits of each so that providers have the information they need to help patients find the intervention that best matches their lifestyle and health needs.
- Close any discussion of competing programs by emphasizing the overall benefits of any type of self-management education or physical activity intervention.

Make It Easy for Providers

The goal is to make it easy for providers to recommend the interventions to patients. Ask yourself: what information does the provider need to know? What resources does he or she need? Here are some tips for conducting an effective and efficient outreach visit.

- Use active listening to determine what information will convince the provider that these interventions are worth recommending.
- Cut to the chase: maximize your time with providers by focusing on the key marketing messages (i.e., the three Cs, effectiveness). Be prepared to answer questions, but only spend extra time on details if the provider expresses interest and has the time for an extended interaction. Refer to the visit scripts for abbreviated and extended versions of the outreach presentation.
- Organize packets of outreach materials in advance of the visit so that providers have all of the information they and their patients need in one place.
- Note that the interventions give providers additional tools for addressing their patient's needs. Improvements in patients' symptoms and quality of life and self-efficacy can make them more effective partners in their health care.

See sidebar on page 44 for additional tips on how to build flexibility into the provider outreach visits.

STEP 3: FOLLOW UP

The work isn't over after the outreach visit. Follow up with primary care practices on a regular basis to reinforce the messages communicated during the visit. Approach follow-up efforts as a means to establish long-term partnerships with local providers. Recommendations are likely to increase over time as these relationships develop. For best results, consider contacting primary care practices more frequently in the months immediately following the outreach visit. Aim to make at least three contacts during the first 2 months post-visit. Thereafter, follow up with new scheduling information when a new season of classes begins or there is new information to convey.

Maintaining contact with primary care practices does not need to be time-consuming, but sticking to a regular schedule boosts your reputation as a reliable resource. Determine a follow-up plan (including frequency and type of contact) that is reasonable based on your marketing team's available time and resources. Pilot test findings indicate that using a mix of contact types works best. Tailor your strategies to the practice's preferences. Here are some suggestions.

By Phone

Call the practice approximately 1–2 weeks after your visit. Try to speak with the provider or other staff member you met during your visit. Ask them if they've had a chance to review the fact sheets and if they have any questions they didn't get a chance to ask during your face-to-face meeting. Remind them to contact you if they need more materials.

If you're unable to reach the provider or appropriate staff member by phone after leaving three messages, try an alternate method such as sending a mailer. Plan to follow up with additional phone calls over the next couple of months.

By Mail

Mailers can supplement your follow-up phone contacts. For example, send a **follow-up postcard** (provided in **Appendix D**) with a personalized message and attach it to class announcements. As new research findings are published on the interventions you are promoting, send copies of the journal articles to providers along with the personalized follow-up cards.

As part of followup, provide primary care practices with patient enrollment updates. For example, customize mailers to note how many of the practice's patients enrolled in a class. The goal is to show providers that their efforts are producing tangible results so that they are more likely to continue recommending these interventions. You can get this information from the evaluation forms you ask class instructors to have participants complete.
See Chapter 5 for more on evaluation.

By E-mail

Some providers prefer to be contacted by e-mail. This gives them the opportunity to ask you questions as soon as they come to mind and to contact you at their convenience. It also gives you time to prepare thorough responses to their questions. Ask the providers and office staff you meet during your visit if e-mail is a preferred mode of contact. Make sure your e-mail address is included on your business card and on the customized fact sheets.

In Person

Consider conducting in-person visits at least once a year to continue to build or maintain a relationship with the practice. Schedule these visits to coincide with recruitment efforts for a new season of local classes. Follow-up contact can highlight new information such as upcoming classes, new locations, and patient testimonials. You can also make brief in-person visits just to drop off additional materials. Even a few minutes of face time can go a long way toward nurturing your relationship with a practice.

What You'll Need

Appendix C: Training and Marketing Tools

- Provider Outreach Tracking Spreadsheet
- Phone Call and Outreach Visit Scripts
- Slide Presentation

Appendix D: Customizable Marketing Tools

- Prepared Outreach Materials
- Followup Postcard

Chapter 5

Evaluating Your Outreach Efforts

5. EVALUATING YOUR OUTREACH EFFORTS

In This Section

The information and tools in this section are meant to help your team conduct a straightforward, "real world" evaluation of your provider outreach efforts. Topics covered include:

- Asking the right questions to learn how your outreach activities are working
- Assessing the level of effort spent contacting PCPs and office staff
- Asking class participants how they heard about the class they signed up for
- Preparing a summary report of your experience and the effectiveness of your approach
- Using the evaluation tools

EVALUATING PROVIDER OUTREACH: A REAL WORLD APPROACH

Evaluating provider outreach will help you and your marketing team see what impact your efforts have had in getting participants into the interventions you are promoting through outreach to PCPs. It also helps you identify ways to refine and strengthen your efforts. Use what you learn from your evaluation to:

- Find strengths to capitalize on and ways to improve
- Focus on what works and fix or discontinue less fruitful activities
- Demonstrate effort and success for potential partners and funders

Conducting an evaluation may seem daunting, but it doesn't have to be. The information and tools provided in this toolkit are meant to help your team find out what you need to know without a lot of extra work or a need for outside consultants. Here are some strategies for getting started.

- **Plan early.** Begin thinking about evaluation before you contact providers. Planning evaluation activities early can help ensure that you have defined what "success" means (e.g., how many participants attend classes on the recommendation of a provider you contacted) and that evaluation logistics are in place ahead of time (e.g., participant feedback forms are in instructors' hands before classes start).
- **Determine what you want to learn.** What do you want to find out about your provider outreach efforts? Use the following four questions as a guide:
  1. How are the logistics of provider outreach working?
  2. How many class participants learned about the intervention from their providers?
  3. How many participants received a recommendation from a provider you contacted?
  4. What have you and your colleagues learned that might help future outreach?
- **Prepare your evaluation tools.** Document the answers to the four questions using the tools in **Appendix E**. Electronic versions of these tools in Microsoft Word and Excel formats can be downloaded from www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach.

This section gives you an overview of the key questions and tools for evaluating provider outreach. We encourage you and your marketing team to customize and expand upon the tools and guidance provided here as needed to accommodate your efforts.

ASSESSING YOUR LEVEL OF EFFORT

This part of the evaluation shows you how much effort your program spent on provider outreach. This information will help you make judgments about what benefits your efforts have yielded, how you can be more efficient, and which PCPs to target in the future. This is where the information you've collected on the Provider Outreach Tracking Spreadsheet comes in handy. You can use it to:

- Gauge your team's level of effort. Look at the information you've tracked such as the number of practices you contacted, how many total contacts you or your team made, and what types of contacts (e.g., phone, e-mail, drop-off visit).
- See which practices yielded the most class participants. Think about the qualities of the outreach activities and the practice itself that made it possible. This knowledge can help you tailor future outreach.
- Understand the logistics of outreach by reviewing staff notes. Use the information to improve and simplify logistics in future efforts.

We recommend reviewing the spreadsheet data (and all of your evaluation data) at least once a year, or after the spring or fall season of classes. Compile what you learned in a year-end report to share with staff, partners, and funders.

ASKING PARTICIPANTS, "HOW DID YOU HEAR?"

One way to find out how many people participated in a self-management education workshop or physical activity class based on their providers' suggestion is to ask. Capture this information to better gauge the role of provider input. Many people are accustomed to forms like these for programs, classes, and events; moreover, many local classes already have registration processes and forms in place. The **How Did You Hear? Form** should be easy to integrate into the process and materials currently in use. You can use the Word document provided in **Appendix E** as a standalone questionnaire, or you can cut and paste the questions and answer options into existing class registration forms. **See Figure 5.1 on page 51.**

The How Did You Hear? Form asks participants to tell you two things:

1. How they heard about the class—for example, from family or friends, another class participant, their doctor's office, or a community leader.
2. If they heard about the class from a doctor's office, which one. The form asks participants to name the doctor or clinic and note which person actually mentioned the class—for example, a doctor, other staff member, or person in the waiting room. This question may help you understand the recommendation process at the practices you visit.

To administer the How Did You Hear? questions and manage the information collected, follow these steps.

1. Tell class instructors about the How Did You Hear? Form and why you want to ask these questions. Emphasize the importance of collecting the information early—during either registration or participants' first class visit, if possible. The goals are to learn what got people to come to the class, not necessarily whether they completed their sessions or even what they thought about the class.
2. Provide print or electronic copies of the How Did You Hear? Form to instructors so they can administer the forms or add your questions to their existing forms. Pre-load the class information (class name, location, and start date) in the box in the upper right corner of the document, and add your logo in the space in the bottom right corner. For classes being conducted in Spanish, make sure instructors have copies of the Spanish language version of the questionnaire.
3. Set a clear and easy-to-follow plan for instructors to return completed forms to you. Offer a self-addressed stamped envelope, for example, or give your fax number. Make a list to keep track of which instructors have sent their participant input and send reminders to those who have not done so within 2 weeks of starting the class.

Figure 5.1 How Did You Hear? Form

All participants answer the Main Question and check all responses that apply.

How Did You Hear About Us?

Class Name _____
Start Date _____
Location _____

How did you hear about this class? Check all that apply.

1. ☐ A friend, family member, or coworker
2. ☐ Someone who took the class before
3. ☐ Someone who teaches this or other community classes
4. ☐ A doctor's office of any kind, like a medical practice, HMO, hospital, or community clinic.

   IF YOU CHECKED DOCTOR'S OFFICE, GO TO NEXT QUESTION

5. ☐ A community or church/synagogue leader
6. ☐ A brochure, flyer, poster, or other printed material **NOT** from a doctor's office
7. ☐ A story or ad on radio or TV, or in a newspaper
8. ☐ A website
9. ☐ Don't know or don't remember
10. ☐ Other source **SPECIFY** _____

4a. What's the name of the doctor or clinic?

_____

4b. Who in the doctor's office told you about the class? Check only one answer.

1. ☐ Doctor
2. ☐ Other clinical staff, like a nurse or PA
3. ☐ Front desk or administrative staff
4. ☐ Someone in the waiting room
5. ☐ Other staff
6. ☐ No person—just a brochure, flyer, or poster

LOGO HERE

You or the instructor enters class name, start date, and location.

Respondents who learned about the class from a doctor's office also answer Response 4a Followup and Response 4b Followup.

TIP ▶ If instructors incorporate your questions into their own forms, ask them to clearly mark the class name, start date, and location on the form so you can effectively evaluate your outreach.

4. Assign staff to review the How Did You Hear? Forms and transfer the respondents' answers to the **How Did You Hear? Data Entry Spreadsheet** (available in **Appendix E**). **See Figure 5.2 on page 52 or details.**
5. Review the data. You'll find that the How Did You Hear? Data Entry Spreadsheet can help you assess:
   - How many people in your community are learning about self-management education and physical activity classes from each of several sources, including from a medical practice.
   - Which medical practices are recommending that people take the classes. You can match the findings against your Provider Outreach Tracking Spreadsheet to see whether they are practices you targeted.
   - What sources within a practice are most likely to give recommendations.

We recommend reviewing the data on this spreadsheet (and all of your evaluation data) at least once a year or after the spring and fall season of classes. Compile what you learned in a year-end report to share with staff, partners, and funders. Be aware that not all participants will be able to reliably report how they heard about the class they signed up for. The How Did You Hear? information can help gage how your outreach efforts are going, but make sure you have other sources of information about recommendations made to get a more complete picture.

TIP ▶ When transferring responses to questions on the How Did Your Hear? Form that only require checking a box (i.e., the Main Question and Response 4b Followup, you can enter a number, letter, or other character in the corresponding field in the How Did You Hear? Data Entry Spreadsheet. When all your responses have been entered, use the Excel COUNTA function to tally results.

Figure 5.2 Transferring Data to the How Did You Hear? Data Entry Spreadsheet

How Did You Hear? Data Entry Spreadsheet

Participant # or ID	Main Question: How did you hear about this class?											Response 4a Followup: Name of Practice	Targeted/ Not Targeted			Response 4b Followup: Who told you about the class?					
	1	2	3	4	5	6	7	8	9	10	10 Specify		T	NT	UNK	1	2	3	4	5	6
	Friend, family, co-worker	Someone who knows a friend	Someone who teaches class	Doctor's office	Community leader or spokesperson	Brochure, flyer, poster	Radio, TV, newspaper	Website	Don't know/ remember	Other source	Type answer from questionnaire, if provided	Type name of practice from questionnaire, if provided.	Targeted practice	Not a target practice	Unknown	Doctor	Other clinical staff	Front desk, admin staff	Someone in waiting room	Other staff	Brochure, flyer, poster
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
TOTALS											ALL RESPONSES										
	1	2	3	4	5	6	7	8	9	10			T	NT	UNK	1	2	3	4	5	6

See Instructions tab for tips on filling out this spreadsheet and inserting formulas to calculate sums.

For Response 4b Followup (Who in the doctor's office told you about the class?), there should only be one answer for each respondent.

Mark all answers to the Main Question (How did you hear about this class?) in this section of the spreadsheet. Put all responses for a single respondent on the same line.

For Response 4a Followup (What's the name of the doctor or clinic?), type in rhe name of the practice as the respondent wrote it on the form.

SUMMARIZING YOUR EXPERIENCE

Put together a brief summary of successes and lessons learned conducting provider outreach. Preparing this type of report gives you an opportunity to think about the strategies you used in your outreach work, assess their effectiveness, and refine future efforts. Your organization may have set guidelines for evaluation reporting responsibilities. If not, consider reviewing your tracking and evaluation data and preparing a brief report at least once a year. You can share this report with:

- Marketing staff to help refine your outreach activities
- Decision-makers in your organization to validate your efforts and secure buy-in and resources
- Potential funders to show the value of underwriting a provider outreach program
- Community partners and leaders to encourage a wider base of local support and amplify the reach of your messages
- Providers to pique their interest, help you get a foot in the door, and encourage more class recommendations

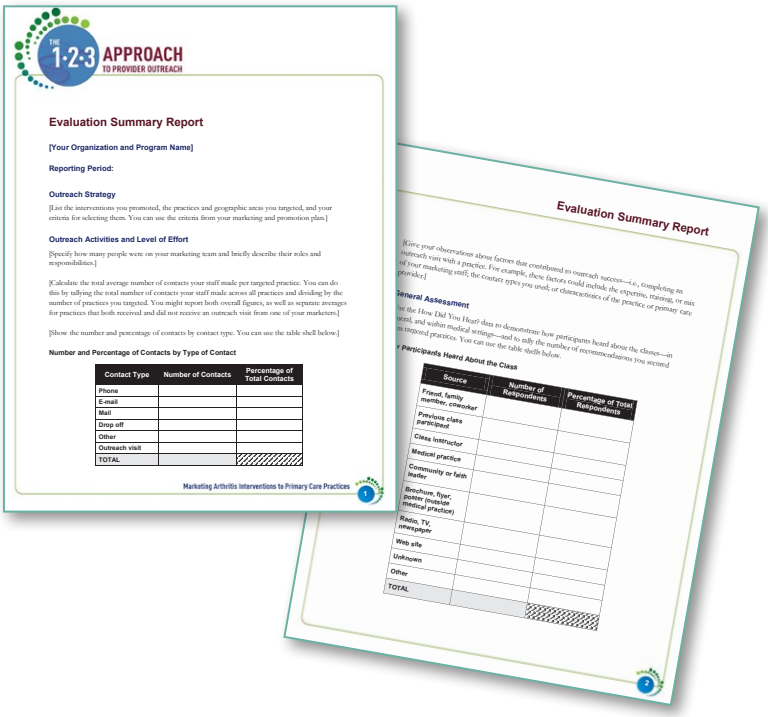
Don't get discouraged if the number of outreach visits conducted or recommendations made are small at the time of your first evaluation. It takes time to establish relationships with providers and make the leap from outreach to provider recommendation to patient enrollment in a class.

You can use the **Evaluation Summary Report** Outline provided in this toolkit. A copy of the template is included in **Appendix E**; you can download the Word file from www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach and save it to your personal computer. A snapshot of the template appears to the left. Complete each section as prompted and delete the prompts when you're finished.

Here's the information you'll want to capture in this report. **See sidebar on page 53 for details.**

- Your outreach strategy, including the interventions you promoted, the practices you targeted, and your criteria for selecting them.

- Outreach activities and level of effort required, including the size and composition of your marketing team, staff roles and responsibilities, average number of contacts made per targeted practice, number and percentage of contacts by contact type, insights on factors that contribute to outreach success (e.g., staff characteristics, training), and outreach strategies used with high-yield practices.
- General assessment, including a tally of the number of recommendations you secured from targeted practices, data on how participants heard about the classes, and materials or approaches to which PCPs were particularly responsive.
- Conclusions and lessons learned, including benefits and challenges and your assessment of the overall effectiveness of your outreach efforts.



THE 1·2·3 APPROACH TO PROVIDER OUTREACH

Evaluation Summary Report

[Your Organization and Program Name]

Reporting Period:

Outreach Strategy

[List the interventions you promoted, the practices and geographic areas you targeted, and your criteria for selecting them. You can use the criteria from your marketing and promotion plan.]

Outreach Activities and Level of Effort

[Specify how many people were on your marketing team and briefly describe their roles and responsibilities.]

[Calculate the total average number of contacts your staff made per targeted practice. You can do this by tallying the total number of contacts your staff made across all practices and dividing by the number of practices you targeted. You might report both overall figures, as well as separate averages for practices that both received and did not receive an outreach visit from one of your marketers.]

[Show the number and percentage of contacts by contact type. You can use the table shell below.]

Number and Percentage of Contacts by Type of Contact

Contact Type	Number of Contacts	Percentage of Total Contacts
Phone		
E-mail		
Mail		
Drop off		
Other		
Outreach visit		
TOTAL		

Marketing Arthritis Interventions to Primary Care Practices 1

Evaluation Summary Report

[Give your observations about factors that contributed to outreach success—i.e., completing an outreach visit with a practice. For example, these factors could include the expertise, training, or mix of your marketing staff, the contact types you used, or characteristics of the practice of primary care providers.]

General Assessment

Use the How Did You Hear? data to demonstrate how participants heard about the classes—in general, and within medical settings—and to tally the number of recommendations you secured from targeted practices. You can use the table shells below.

Participants Heard About the Class

Source	Number of Respondents	Percentage of Total Respondents
Friend, family member, coworker		
Previous class participant		
Class instructor		
Medical practice		
Community or faith leader		
Brochure, flyer, poster (outside medical practice)		
Radio, TV, newspaper		
Web site		
Unknown		
Other		
TOTAL		

2

What You'll Need

Appendix C: Training and Marketing Tools

- Provider Outreach Tracking Spreadsheet

Appendix E: Evaluation Tools

- How Did You Hear? Form (in English and Spanish)
- How Did You Hear? Data Entry Spreadsheet
- Evaluation Summary Report Outline

Preparing the Evaluation Summary Report

Evaluating outreach efforts provides valuable feedback that will enable you to refine your marketing strategies to achieve your class participation targets.

The evaluation summary report asks you to describe

- Your outreach strategy, including
  - the interventions you promoted
  - the primary care practices (PCPs) you targeted and your criteria for selecting them
- Outreach activities and level of effort required, including
  - the size and composition of your marketing team
  - staff roles and responsibilities
  - frequency and type of contact with PCPs
  - insights on future outreach to PCPs
  - recommendations on factors that contribute to outreach success (e.g., staff characteristics, training)
  - list of PCPs that generated the greatest number of recommendations and the number of contacts with those practices
  - description of outreach strategies with high-yield practices
- General assessment , including
  - a tally of how participants heard about the classes, particularly from targeted PCPs, with a breakdown of PCP staff who generated recommendations
  - materials or approaches that PCPs found particularly helpful
  - your thoughts on the factors that motivated patients with arthritis to act on a provider recommendation
- Conclusions and lessons learned, including your
  - assessment of how PCP outreach fits with your program's other responsibilities
  - advice for other programs planning PCP outreach
  - benefits and drawbacks of the outreach approach

Chapter 6

Frequently Asked Questions

6. FREQUENTLY ASKED QUESTIONS

SECTION 1: IMPLEMENTING THE 1-2-3 APPROACH TO PROVIDER OUTREACH

This section covers questions your team may have about planning for and implementing your provider outreach initiative. Ask your team to review these FAQs as part of their training. These FAQs are designed to complement and expand upon information and tools in the marketing guide.

Why reach out to primary care practices about chronic disease self-management education and physical activity interventions?

Evidence from clinical trials and program evaluations demonstrates that self-management education and physical activity interventions are effective for reducing the symptoms of arthritis and other chronic diseases and improving quality of life. Based on research sponsored by the Centers for Disease Control and Prevention (CDC) and other reputable organizations—including Stanford University, the University of Washington, and the Arthritis Foundation—the CDC Arthritis Program has identified a number of interventions shown to help relieve symptoms, improve joint range of motion, and increase increase participants' confidence in managing their health. CDC has allocated a portion of its state arthritis program funding to make these interventions available in communities across the country. Because chronic disease can be difficult to manage, health care providers and their patients are eager for additional treatment options. Although most providers are not aware that self-management education and physical activity interventions are offered locally, research with providers shows that they want to learn more, preferably via in-person visits by knowledgeable professionals. Reaching out to providers is important because their recommendations are powerful motivators for patients.

Enrollment in these CDC-supported interventions has been low. Using the academic detailing model, a proven model adapted from the pharmaceutical industry, you can develop an educational outreach program for local primary care providers (PCPs) to encourage them to recommend self-management education and physical activity interventions to their patients with chronic disease.

What is the academic detailing model?

Pharmaceutical companies typically use face-to-face outreach with health care providers to market their products. This marketing strategy—called "pharmaceutical detailing" and conducted by sales representatives—has proven successful in influencing providers' prescribing habits and increasing sales of a company's products. Universities and other non-commercial organizations have adapted this strategy as a way to reach out to providers with information for managing a variety of health conditions. Evaluations of these "academic detailing" approaches show that they have an impact on the recommendations providers make to their patients, particularly for chronic, difficult-to-manage conditions like obesity, diabetes, and arthritis. Your marketing team will use the detailing model to promote chronic disease self-management education and physical activity classes to primary care providers (PCPs) in your community.

Is there anything we can do ahead of time to make providers more receptive to outreach visits?

The first contact you have with a practice is likely to be the initial phone call to introduce the goals of your outreach efforts and schedule an outreach visit. However, by building on existing relationships with local providers, you can get the word out about the interventions you are promoting and prepare practices for eventual contact with your marketers. While you are establishing and training your team and gathering information on primary care practices, start by contacting providers with whom you have established relationships and informing them of your efforts. You can also use the resources of state and local partner organizations to target "influencers"—providers who have well-established reputations in the local medical community and could influence the behavior of other

providers. Whether leveraging existing relationships or reaching out to influencers, ask these providers if they are willing to publicize their support for chronic disease intervention programs and to recommend other interested colleagues. Starting with providers you or your colleagues know will give your team the chance to hone your marketing approach with a more receptive audience.

You may also consider talking to local class instructors. Ask them to encourage class participants to spread the word about the programs to their doctors.

How can we succeed in marketing these interventions when no one on our staff has any marketing experience?

The marketing guide and outreach materials are designed to help you and your team develop a successful provider outreach program regardless of your level of marketing experience. Extensive experience with marketing or community outreach isn't necessary. All you need to do is recruit team members who are knowledgeable and enthusiastic about promoting the interventions, have good active listening skills, are flexible and adaptable in one-on-one interactions, and can project confidence when talking with providers and office staff. The marketing guide will help your marketers use the simple 1-2-3 Approach to engaging primary care practices.

Training is one of the keys to success. You should thoroughly review the marketing guide and role play with other staff members before taking the outreach to the field. Employing a tiered or phased approach by starting with providers who are familiar or have expressed particular interest in self-management education or physical activity programs can help members of your team become comfortable with the marketing approach and refine their techniques for making initial contact with practices and conducting outreach visits.

We have a small team and limited time to devote to developing a provider outreach program. How can we be successful with the resources we have?

The strategies described in this marketing guide are simple, straightforward, and designed for busy organizations with competing priorities. To help manage available staff and resources, consider having junior staff, interns, or volunteers conduct the initial research to identify local primary care practices to target. Leverage available resources from partner organizations wherever possible, and try using a tiered or phased approach to both training and engaging providers.

This marketing guide includes several tools and templates (e.g., spreadsheets, checklists) to help you organize, document, and track your outreach efforts. Templates such as the **Marketing and Promotion Plan** and **Evaluation Summary Report** are designed to be comprehensive but easy to complete. Detailed instructions are provided for customizing outreach materials, and technical assistance is available.

How long will it take to train our team?

Training time will vary depending on your team's skills and previous experience. In general, most teams will need about a month to become familiar with the interventions and to practice enough role-play sessions that they are comfortable approaching practices. Consider training in phases as marketers move through the steps in the outreach process. For example, while some members of your team are gathering information about practices to target, others can begin training for the initial contact. As first contacts are made, move to training for the outreach visit. Schedule continuing training/education sessions throughout the year for all staff and offer remedial training as necessary.

What training techniques work best?

To accommodate different learning styles, use a combination of instructive, interactive, and self-study sessions to train your marketing staff. Give each person a copy of the marketing guide sections related to the tasks they'll be doing, and walk them through the materials and their tasks step-by-step.

The key to effective provider outreach training is rehearsal: for staff who will be in direct contact with PCPs, ensure that your training schedule allows ample opportunity for role-play with colleagues. Role-playing exercises will enable them to practice a variety of scenarios they may encounter during phone and in-person contacts. Use the scripts and training video to guide role-playing exercises. Invite providers from within your program or from other local organizations or agencies to observe and give feedback to staff during role-play sessions.

How do we find out about competing programs in our community?

Conduct an environmental scan to determine whether there are similar programs being promoted within the community for arthritis or other chronic health conditions like diabetes, obesity, or heart disease. Inform other colleagues and partners about your efforts, and ask them if they have similar activities under way. Check the Web sites of local health care organizations and facilities (e.g., hospital-based outpatient and wellness clinics) and social service agencies (e.g., the local YMCA) for information about programs available to the community. Review local newspapers, community bulletins, or blogs for announcements about new programs or classes. Stay abreast of similar classes being offered in the community by signing up to receive mail or electronic newsletters and updates from local organizations.

Are there any incentives I can offer providers to encourage them to recommend the interventions to their patients?

Providers will schedule outreach visits because the information you bring is valuable for them and for their patients. However, bringing a small gift item may help break the ice and show a consideration that staff will appreciate and remember. These items could include candy or other food item, or giveaways like pens with your organization's logo.

A powerful motivator for providers is patient feedback. Use the information gathered from the **How Did You Hear?** questions you've asked class instructors to distribute to estimate the number of successful recommendations the provider has made. Include this information on the follow-up post cards you send to providers to show them that their efforts are producing tangible results, and to encourage them to continue recommending the interventions to their patients. For additional impact, consider including patient testimonials in your follow-up materials. Survey data suggest that testimonials are highly influential and may reinforce provider behavior.

How do I know which practices are making recommendations?

Before your local classes begin, make sure that instructors have copies of the How Did You Hear? form (or have added your questions to their existing registration forms). Ask them to distribute the forms to participants during the first visit. After you've collected the completed forms, record the answers on the **How Did You Hear? Data Entry Spreadsheet** or other self-designed tracking tool. The answers to these questions capture the names of the providers or practices who recommended an intervention. You can use this information to track the effectiveness of your outreach efforts and to give feedback to providers.

How long will it take to make contact with all of the local primary care practices?

It will take at least 6 months to establish relationships with a practice. The timeline will vary depending on your team's resources, staffing, and the number of practices you are targeting. Some activities—such as training, making initial contact, and conducting the first outreach visits—may be done simultaneously, while others—such as follow-up—will be ongoing. Use the first 1–2 months to identify and train your marketing staff and to target practices for outreach. During Month 2, you should begin making initial contact with practices. Give yourself 2-3 months to get an outreach visit scheduled. You'll want to time your efforts so that you have met with most of the targeted providers before the first class is scheduled to begin.

Remember that follow-up doesn't end with a postcard. Your long-term goal is to establish ongoing relationships with providers and to continue

reinforcing the value of the interventions and provider recommendations through periodic contact by mail, phone, and in-person visits.

How many attempts should I make at contacting the practice?

By following the information in the marketing guide, you should be able to make at least initial contact with a staff member at the practice. However, if after 3 attempts you are unable to speak with the designated primary contact at the practice, consider alternate options:

- Some busy practices prefer drop-in visits. Prepare your outreach materials and make an unscheduled visit. It's best to arrive first thing in the morning, just before the lunch hour, or towards the end of the day—periods when the patient volume is likely to be lower and staff may have a few minutes to meet with you.
- Use your existing relationships with other local providers or influencers to make inroads with the unresponsive practice. Informal reminders from respected colleagues about your outreach efforts may prompt providers to contact you or make them more receptive to further phone calls and mailers from you.
- Mail a packet of information to the practice, addressed to the primary contact (if known). Include your business card and a short note introducing yourself. There is a downside to mailing materials before making contact with a practice: research shows that unsolicited materials may not be read by providers and staff. If you have not heard from the practice within 1–2 weeks, call again. If the staff has had a chance to review the materials, they may be more receptive to your calls.

If practices do not respond to alternate contact strategies after approximately 2 months, end your efforts until you begin outreach work again for the next cycle of intervention classes.

What should I do if the practice wants to schedule an outreach visit but cannot find a time compatible with the marketer's schedule, or has rescheduled a visit multiple times?

Be flexible when scheduling in-person visits. Be willing to come to the office during off-hours—e.g., before or after patient appointments, during the lunch hour, on weekends—and to meet with any available provider or office staff. If your schedule still can't accommodate the practice, see if one of your fellow marketers is available to conduct the outreach visit at a time that works best for the practice.

If these strategies aren't effective, offer to mail or drop off outreach materials and to be available for further discussion by phone. You may also provide your e-mail address so that the provider can contact you with questions at his or her convenience.

What should I do if the practice declines an outreach visit?

Practices are likely to be interested in learning more about the interventions once they've had the opportunity to hear your initial pitch. However, some practices may be skeptical at first, and may decline your offer to schedule an outreach visit. If this happens, try the following:

- Ask the staff member you have contacted why the practice is declining a visit. They may be concerned about having the time available to meet with you. They may be skeptical about the effectiveness of the interventions, or they may feel that their patients won't be interested. The scripts provided in this marketing guide provide you with responses for each of these scenarios. Use them to address the practice's concerns.
- The practice may be concerned that you are selling a product or other services. Reiterate your affiliation and partnership with the CDC and remind the practice that your goal is to promote healthier behaviors in people with arthritis and other chronic health conditions.
- Offer to mail or drop off outreach materials for the provider and staff to review. Call back or drop by again 1–2 weeks later and see if the practice is more receptive to scheduling a formal visit.

If these strategies don't work, end your efforts with the practice. You may try contacting them again once you begin outreach for the next season's classes. In the meantime, you might ask their colleagues or local influencers to put in a good word with the practice about the interventions and your outreach work.

What if the marketer has to reschedule an outreach visit due to health, weather, or other emergency?

The marketer or another team member should call the practice as soon as he or she knows that the visit needs to be rescheduled. Set a new date and time that is convenient for the practice. Offer to meet during off-hours—e.g., early morning before the first patient is scheduled, after the last appointment of the day, or during lunch time. If the visit needs to be rescheduled more than 1 week later, offer to mail or drop off materials in advance.

An alternate strategy is to see if another intervention marketer on your team is available to meet with the practice as originally scheduled. If so, make sure to give the practice the option of meeting with a different person or rescheduling with the original marketer.

What should I do if the provider cuts an outreach visit short?

When trying to schedule time with busy providers, you're bound to encounter unexpected situations. Refer to the visit script and training video to practice a variety of scenarios. Although the guide suggests planning for a 5-minute visit, you may find that you only have 1–2 minutes of the provider's time in the hallway between office visits. When this happens, don't get flustered. During the time you have with the provider, stay focused on the core messages ("the three Cs"—cost, convenience, and credibility—and effectiveness) as you practiced during your training role-play sessions. Leave your business card and outreach materials with the receptionist or office manager. Try to schedule a follow-up visit or phone call as soon as possible to answer questions and reinforce information already provided.

How often should I follow up with the practice? Should I schedule additional in-person visits?

To reinforce the messages conveyed during your outreach visit, aim to make approximately 3 contacts during the first two months post-visit. Choose follow-up techniques that require minimal levels of effort. For example, place a call to the office approximately 2 weeks after a visit to see if there are any follow-up questions. You can also use the camera-ready artwork files provided with this marketing guide to create postcards to which you can add a personalized message, class announcements or reminders, and patient enrollment information or testimonials. Mail these postcards to your primary contact at each practice. As new research findings are published on the interventions you are promoting, attach copies of journal articles to the post cards. Be available for follow-up by phone or e-mail as needed.

Consider conducting in-person visits at least once a year as continuing education and to maintain a relationship with the practice. Schedule these visits to coincide with a new season of intervention classes.

What supplies will we need to purchase in order to reproduce outreach materials?

The materials are designed so that they can be reproduced using standard office equipment and supplies. For best results, have the materials printed by a vendor (e.g., local printer or FedEx Office store). If you are printing from your desktop, have the following supplies on hand:

- 8½" x 11" laser paper (24 lb. and 32 lb.)
- 8½" x 11" card stock (65 lb.)
- 11" x 17" laser paper (24 lb. or 32 lb.)
- 8½" x 11" standard Avery labels (Avery 8255)
- 9" x 12" two-pocket folders with business card slit; available from vendors such as Paper Direct, Office Depot, and Staples

What are the estimated costs of these supplies?

Costs will vary by location and vendor. Color laser paper is generally priced at $10–$20 for a 500-sheet ream; laser gloss paper may run up to $30 or $40. The Avery labels typically cost around $40 for 100 labels. Card stock costs $12–$15 for 250 sheets. Most two-pocket folders run $1–$4 each.

Is special software required to customize and reproduce marketing materials?

No. Electronic files of all customizable templates are saved in Microsoft Word, Excel, or PowerPoint, and compatible with Microsoft Office 2007 and earlier versions. Fillable PDFs are compatible with the Adobe Acrobat family; you can customize them with only Adobe Reader. All materials are available for download from the CDC Web site at www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach.

Why do we need to prepare different materials for providers and patients?

Both the provider and patient materials cover information on the interventions (e.g., course descriptions, goals, benefits) and emphasize "the three Cs" (cost, convenience, and credibility). However, their content addresses the particular concerns of each audience, as reported in research conducted to prepare for this outreach approach. The fact sheets developed for providers discuss in more detail the scientific evidence supporting the use of the interventions, focusing on their credibility and effectiveness. These materials are written for medical professionals and require a familiarity with clinical and research terminology. They present the interventions as additional treatment tools for healthier and more satisfied patients. The patient brochure and class schedules are written in conversational, plain language (approximately an eighth grade reading level) and are appropriate for a broader audience. They address some of the barriers to and concerns patients have about signing up for self-management education and physical activity programs. They emphasize the goal of increased autonomy to convince patients they can be active partners in managing their own health.

How many copies of the outreach materials should we provide to each practice?

To each outreach visit, bring the following:

- 1 copy of the provider overview fact sheet for each PCP or staff member
- 1 copy of each provider intervention fact sheet for each PCP or staff member
- 1 copy of each evidence summary (if available) for each PCP or staff member
- 50-100 copies of the patient brochure
- 50-100 copies of each class schedule
- 1-3 posters

Always leave at least one provider packet. During the visit, ask the provider or other staff member how many posters and patient fact sheets they would like you to leave behind. The number will depend on the volume of patients the practice sees and the space it has available to display materials. Assure the staff that you will resupply materials as needed; they can call you when their stock is running low, or you will send or bring new materials as part of your regular follow-up.

What should I do if the practice tells me they don't want or don't have the capacity to display patient materials or posters?

You can suggest that the practice keep these on file with other patient informational materials to hand out as needed. You can also offer ideas for displaying posters. If the waiting room and exam room walls are full, suggest hanging a poster in the patient bathroom, near the laboratory, or in the hallway.

Are the patient materials available in other languages?

Yes, the patient brochure is available in Spanish as *¡Hágase cargo! Tomando Control de su Salud!* Class schedules for three Spanish language programs are available in both English and Spanish.

How often will we need to update outreach materials?

Update the patient and provider materials whenever class offerings, schedules, locations, or local contact information changes. At minimum, the fact sheets will need to be updated each spring and fall to reflect the new season's class schedules.

Remember to provide updated copies of the materials to your local practices. Depending on your outreach follow-up plan, you can mail the updated copies, drop them off in person, or bring them as part of another scheduled outreach visit. Consider marketer availability, postal fees, your proximity to the practice, and your relationship with the provider when deciding how best to disseminate the updated information. Restocking is an opportunity for another conversation with the provider and for building a relationship with the practice, so marketers are encouraged to deliver the updated materials in person as resources allow. If mailing the materials is the most efficient option, try to follow up with an in-person visit at the provider's convenience. When mailing materials to a practice, remember to address the package to the name and title of your primary contact (e.g., Sarah Smith—Office Manager).

What should I do if I have technical questions about customizing or reproducing outreach materials (i.e., fact sheets, posters, follow-up post cards)?

If you have questions about the toolkit or need technical assistance with the materials, contact arthritisprogram@cdc.gov.

SECTION 2: ABOUT SELF-MANAGEMENT EDUCATION AND PHYSICAL ACTIVITY INTERVENTIONS

This section covers questions providers may ask about chronic disease self-management education and physical activity interventions. Marketers should review these FAQs as part of their preparation for conducting an outreach visit. These FAQs are designed to complement and expand upon information in the marketing guide, scripts, and fact sheets.

What are chronic disease self-management education and physical activity interventions?

Community-based self-management education and physical activity interventions are effective, convenient, affordable options for helping people manage chronic disease symptoms and improve the quality of their lives.

Self-management education classes and workshops offer instruction on day-to-day strategies for managing and coping with arthritis and other chronic health conditions. They cover topics such as techniques for dealing with pain, fatigue, and physical limitations; appropriate exercise and medication use; effective communication with family, friends, and physicians; and proper nutrition.

Physical activity interventions teach a range of exercises—balance, stretching techniques, endurance and strength training, and low-impact conditioning exercise. Classes are designed to improve flexibility, joint range of motion, balance, endurance, and strength, and can be tailored to different skill and disability levels. They also teach behavioral skills such as goal-setting, problem-solving, and overcoming barriers.

How can self-management education and physical activity classes help people with chronic disease?

The CDC Arthritis Program has identified interventions shown to help reduce symptoms of arthritis and other chronic diseases so they can feel better, more independent, and more confident in managing their health. Benefits of the interventions include reduced pain and fatigue, increased physical activity, and improved mood, range of motion, psychosocial functioning, and quality of life. Improvements in symptoms and quality of life may translate to more satisfied patients. There is evidence that the beneficial effects of some interventions last well after the last class—for some programs, up to 12 months after completion.

How will providers know which interventions to recommend?

The materials you leave behind for providers and patients include information about the course content, intended audience, and documented benefits of each intervention. Encourage providers to use this information to determine which of the interventions offered would be most appropriate for a specific patient.

The "Who is it for?" section of each provider intervention fact sheet for providers gives general guidance by noting who the classes were designed for. Some programs are geared towards a particular type of arthritis; for example, the techniques taught in Fit and Strong! classes target osteoarthritis in the lower extremities. Other programs, such as the Chronic Disease Self-Management Program and Active Living Every Day, can benefit people with a variety of chronic conditions. When recommending an intervention, providers should consider factors such as a patient's physical and disease status, current physical activity levels, and other health concerns, as well as his or her lifestyle, learning style (for example, whether the patient prefers group activities or self-study), transportation options, and ability to afford course fees.

Providers will also want to consider a particular patient's interests and health needs. The provider intervention fact sheet for providers and the patient brochure (*Take Charge! Managing Your Health*) describe the goals and content of each course. Encourage providers to use this information to help patients find a class that suits their needs and learning style. For example, patients who prefer self-study or who are unable to attend self-management education workshops in person may prefer to use The Arthritis Toolkit.

Other factors for providers to consider when helping patients select an intervention are the location of classes, available transportation, and course fees. You will customize the fact sheets with this information to help patients and providers choose accessible and affordable options.

How were the interventions developed?

The interventions supported by CDC were designed by reputable organizations. These include research groups at Stanford University, University of Washington, and University of Illinois at Chicago, and organizations such as the Arthritis Foundation. Some of the interventions began as research projects while others were developed in the field. The content of the programs is based on current evidence and practice guidelines regarding the use of self-management techniques to help manage arthritis or other chronic diseases. Ongoing research and evaluation informs updates to the program content.

Are there any commercial or marketing tie-ins with the classes?

No. The classes supported by the CDC Arthritis Program are not used to sell commercial products to participants. The self-management education interventions do supplement classes with materials such as relaxation audiotapes and books authored by experts in arthritis management. For example, the Arthritis Self-Management Program uses a text called *The Arthritis Helpbook* which was written by arthritis researchers at Stanford University. No added or hidden costs are applied for supplemental materials. For most classes, the registration fee covers their cost; some locations may use a lending library.

How much do classes cost? Are there subsidies available for people who cannot afford class fees?

The typical fee for a self-management education program is approximately $25–40 for a 6-week course. Physical activity programs cost about $1–4 per session and meet 1–3 times per week. In general, fees include the costs of materials—such as books—that are used in some classes. For people who can't afford them, fees may be waived or subsidized or scholarships may be available. The Arthritis Foundation, for example, offers subsidies for those who can't afford its classes.

Do participants need to purchase any special equipment or materials?

Textbooks, guides, and other supplemental materials are provided as needed and included in the course fees or available through a lending library. Weights and other equipment required for physical activity programs are provided by the facility where the class is held. Participants in physical activity programs will need to have clothing appropriate for class activities—for example, walking shoes or a swimsuit—and they may also want to bring their own towels and water bottles to class.

Where are classes offered?

Classes are offered at nearby locations such as community and senior centers, recreational facilities, health centers, schools, and YMCAs. The locations are generally accessible either by public transportation or by car. Free parking may be offered at some facilities. The classes you are promoting should be located within a 5–10 mile radius or 30-minute drive from the practices you are targeting. Remember that what is deemed an "acceptable" travel distance for participants will vary by an area's density, transportation options, and local custom. For example, in many rural areas, it is not uncommon for people to travel 30 minutes or more to shop or participate in community events or activities. If you are promoting interventions in communities where people are willing to travel long distances, you can expand your outreach efforts to include providers who are located more than 10 miles from class locations.

What is the time commitment for participating in these classes?

Participants in self-management education programs can expect workshops to meet once a week for 2–2 ½ hours over a 6-week course. For those participating in physical activity programs, classes typically meet for 1 hour up to 3 times per week; course length ranges from 6–20 weeks with some programs offered on an ongoing basis. Participants may be asked to read materials or practice techniques outside of class. The ultimate goal of the programs is to encourage participants to incorporate the information they learn in class into their daily lives. Maintaining healthier behaviors after the programs have ended is a long-term commitment.

What are the qualifications of the class instructors?

All instructors are trained to deliver the specific classes they lead. Requirements vary by program, but most instructors receive at least 8 hours of training on the goals and components of the course. Some programs require up to 32 hours of specialized training. Some physical activity interventions require certification or licensure; for example, *Fit and Strong!* classes are led by either certified fitness instructors or licensed physical therapists. Most instructors have some experience working in health and/or educational settings and with older adults. Self-management education programs typically have two instructors per class, one of whom has arthritis or another chronic condition.

Are classes offered in languages other than English?

Spanish versions of the Arthritis Self-Management Program (*Programa de Manejo Personal de la Artritis*) and the Chronic Disease Self-Management Program (*Tomando Control de su Salud*) are available. Although they cover similar content, these programs are not simply translations of the English-language versions. They are culturally appropriate workshops developed and conducted in Spanish to address concerns specific to Spanish-speaking people with arthritis and other chronic health problems. The Arthritis Toolkit is also available in Spanish as *Manejando Mi Artritis*.

Is there scientific evidence supporting the use of these interventions?

Evidence from clinical trials and program evaluations demonstrates that people with chronic disease do benefit from participating in self-management education and physical activity interventions. CDC has evaluated a number of interventions based on a set of criteria that includes an adequate evidence base—specifically, these interventions have been studied for their effects on arthritis in a sample of at least 75 people and the findings have been published in a peer-reviewed scientific journal or other report. For detailed findings, point providers to the "What are the benefits?" and "Summary of the Evidence" sections of the provider intervention fact sheets. For some interventions, a separate evidence summary handout is available. References and links to individual journal articles are included in the fact sheets.

How can providers and their patients learn more about chronic disease self-management education and physical activity programs?

The outreach materials you leave behind in PCP offices summarize general information about self-management education and physical activity interventions, as well as specific information about each of the interventions you are promoting. The materials include Web sites with in-depth information about an intervention; the CDC's Arthritis Program Web site (www.cdc.gov/arthritis/interventions.htm) compiles information and links about all of the interventions. Make sure that providers have your contact information and encourage them to get in touch if they or their patients have additional questions.

Appendices A & B

Marketing Resources & References

IN THESE APPENDICES

Appendix A: Marketing Resources
Appendix B: References

APPENDICES A & B

APPENDIX A: MARKETING RESOURCES

More information and tools for developing effective social marketing strategies are available from the following resources.

- CDC Gateway to Health Communication & Social Marketing Practice
  www.cdc.gov/healthcommunication
- Making Health Communication Programs Work (Pink Book). National Cancer Institute, NIH
  www.cancer.gov/pinkbook
- Society for Public Health Education
  www.sophe.org
- Federal Plain Language Guidelines
  www.plainlanguage.gov

APPENDIX B: REFERENCES

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Appendix C

Training and Marketing Tools

IN THIS APPENDIX

Marketing and Promotion Plan Template
Phone Call and Outreach Visit Scripts
Slide Presentation
Provider Outreach Tracking Spreadsheet
Provider Outreach Tracking Spreadsheet (completed sample)

THE 1·2·3 APPROACH TO PROVIDER OUTREACH

Marketing and Promotion Plan

[Your Organization Name]

[Your Program Name]

Date:

Objectives

[What are your specific, immediate goals (e.g., increasing enrollment of a particular class by 20%)? What are your broader, long-term goals (e.g., establishing an ongoing relationship with providers in a particular health care network)? Note any targets you need to meet to fulfill the terms of a grant or partnership agreement.]

Partners

[List partner organizations and the scope of their work in your provider outreach initiative.]

Interventions

[Identify the interventions your team is promoting.

Locations

[Where in the community will you focus your marketing and promotion efforts? Think through your rationale and criteria used to select them—e.g., class availability, provider office locations, staffing, resources, geography.]

Targeted Providers

[List the practices or networks you want to target; add names of individual providers once identified. Think through your rationale and criteria used to select practices and individual providers—e.g., geography, type of practice, established relationship.]

Budget and Staffing

Projected budget

$000,000

Number staff/FTEs needed

##

Estimated major expenses

Staffing: $
Printing: $
Travel: $
Partner incentives: $

Potential Obstacles and Challenges

[List the potential obstacles and challenges to implementing your outreach initiative that you foresee—e.g., competing local programs, lack of staff time and resources, unresponsive providers, geographical or logistical issues.]

Outreach Strategy

[For each step in the process—from planning activities through outreach and followup—identify resources needed and staff responsible for the tasks. Include a timeline for completion. Document possible strategies for addressing anticipated challenges.]

Evaluation Strategy

[Note the tools and approach used for evaluation. Identify resources needed and staff responsible for the tasks. Include a timeline for completion.]

THE 1·2·3 APPROACH TO PROVIDER OUTREACH

PHONE CALL AND OUTREACH VISIT SCRIPTS

The scripts for phone calls to and outreach visits with primary care practices (PCPs) will help you prepare for contact with providers and office staff. You don't need to follow the scripts verbatim, nor do you need to have responses memorized for every situation. By using the scripts and training video to help you practice calls and visits, you'll become comfortable with the marketing messages so you can think on your feet to tailor information about chronic disease interventions for each PCP.

The suggested scripts will help guide you through the:

1. Initial phone call to schedule an outreach visit
2. Confirmation phone call
3. Outreach visit

Although each interaction will be different, there are elements that will be consistent for each type of contact. The general flow for each contact type is also outlined. Provide your marketing team members with the pages they need for the activities they are assigned and the interventions they are promoting.

INITIAL PHONE CALL TO PCP OFFICES

Purpose

To persuade office staff to schedule an outreach visit with an intervention marketer to discuss locally available self-management education workshops and physical activity classes.

Tools Needed

Provider Outreach Tracking Spreadsheet

Call Flow

1 INTRODUCE YOURSELF

Introduce yourself, your program, and the purpose of the call. Ask to speak with the appropriate staff member to schedule an outreach visit.

- If staff is too busy to talk, schedule callback → END CALL
- If appropriate staff member is not available, schedule callback → END CALL

2 PROVIDE BACKGROUND

Provide more background about the interventions and the goals of the outreach visit.

3 ADDRESS SCHEDULING CONCERNS

Address any concerns office staff has about the purpose of the visit or scheduling.

4 SCHEDULE THE VISIT

Schedule an outreach visit as convenient for the practice.

5 VERIFY ADDITIONAL INFORMATION

Time permitting, verify additional information about the practice.

6 CONFIRM VISIT DETAILS

Verify visit attendees, office address, and accessibility.

- If no time, remind marketer to collect this information during the outreach visit, and GO TO Step 7.

7 WRAP UP CALL

Confirm date and time of outreach visit and provide your phone number.

- END CALL

Call Script

1 INTRODUCE YOURSELF

✪ Introduce yourself and briefly describe the purpose of your call.

"Good morning / afternoon, I'm **[NAME]**, calling from the **[NAME OF ORGANIZATION]**. We're working with the Centers for Disease Control and Prevention to get the word out to area health care providers about classes offered in our community that are proven to help people with chronic disease manage their symptoms and improve their quality of life. We'd like to visit your practice to discuss the interventions and how your patients can benefit. Is there someone I could speak with about scheduling a 5-minute meeting with Dr. **[NAME]** and members of your staff?"

IF you are speaking to the appropriate staff person → GO TO STEP 2

IF transferred to new staff member, repeat introduction as follows:

"Good morning / afternoon, I'm **[NAME]**, calling from the **[NAME OF ORGANIZATION]**. We're working with the Centers for Disease Control and Prevention to get the word out to area health care providers about classes offered in our community that are proven to help people with chronic disease manage their symptoms and improve their quality of life. We'd like to visit your practice to discuss the interventions and how your patients could benefit."

→ GO TO STEP 2

IF staff is too busy to talk:

"I understand. When would be a better time for me to call back?"

"Whom shall I ask to speak with?"

"Great. I'll call back **[DATE AND TIME—e.g., at 4 p.m. tomorrow, before 10:00 tomorrow morning, after 5 p.m. on Wednesday]**. Thanks so much for your time."

→ END VISIT

IF If the appropriate person to schedule the visit is not available:

"Whom should I speak with to schedule a meeting?"

"When is a good time for me to reach **[NAME]**?"

"Great. I'll call back **[DATE AND TIME—e.g., at 4 p.m. tomorrow, before 10:00 tomorrow morning, after 5 p.m. on Wednesday]** to speak with **[NAME]**. Shall I use this phone number or is it better for me to call **[NAME]** on a direct line?"

"Thanks so much for your time."

→ END VISIT

2 PROVIDE BACKGROUND

✪ Provide a high-level description of the interventions.

"The CDC Arthritis Program has evaluated a number of self-management education and physical activity interventions. They've found the interventions to be effective for reducing arthritis symptoms, and beneficial for other chronic diseases like diabetes, heart disease, and lung disease. They can also improve people's quality of life. These interventions are offered as a series of low-cost classes held at convenient locations around the community. They introduce your patients to strategies like behavioral or coping skills, communication techniques, low-impact exercises, and tips for managing medications and improving nutrition. These classes are versatile management options for you and your patients, especially those dealing with more than one health problem."

"Would you and your staff be interested in scheduling a time to learn more?"

IF the practice is interested, continue below:

"Great. We'd like to send someone from our organization/I'd like to visit with your staff to discuss the classes available nearby and how your patients can benefit from them. Because chronic disease can be so difficult for providers and patients to manage, we think it's important for you to have these types of interventions available. They can complement your treatment recommendations and help your patients be more effective partners in their health care."

GO TO STEP 3 OR 4, AS NEEDED

IF the practice does not want to schedule a visit or wants more information first:

"May I send you some information to review? Because chronic disease can be so difficult for providers and patients to manage, we think it's important for you to have these types of low-cost interventions available to complement your treatment recommendations. I can mail or fax you some information, or drop it off at your office."

IF no, continue below:

"Well, thank you for your time today. Have a good morning/afternoon."

END VISIT

IF yes, verify preferred mode of contact and when the office can expect to receive the information.

"I'll follow up with you in a couple of weeks to see if you have any questions. Thank you for your time today. Have a good morning/afternoon."

END VISIT

3 ADDRESS SCHEDULING CONCERNS

✪ Address scheduling concerns as needed.

IF the practice is concerned about scheduling time for an outreach visit:

"Our representatives are very flexible about scheduling appointments, and the visit should only take about 5 minutes. We're happy to schedule a time to meet with you during off-hours, if that works best for your staff. Our representatives can be available in the early morning, before you begin seeing patients; during lunch time; or in the evening after you're finished with your last patient."

IF the practice is concerned that patients won't be interested:

"Many people with chronic disease are frustrated with current treatment options and are looking for new, nonpharmaceutical options for managing their condition on their own. These interventions have a good track record in terms of satisfaction and effectiveness and come highly recommended by participants. Your patients may enjoy the opportunity these interventions offer to take control of their health and to give and receive support and encouragement in a group of their peers."

IF the practice is skeptical about efficacy:

"The interventions we're promoting have been scientifically evaluated—in randomized clinical trials by university-based researchers and in formal program evaluations by groups like the Arthritis Foundation. The CDC Arthritis Program has reviewed the evidence available and has found that these programs are beneficial to people with arthritis and other chronic diseases. CDC and **[NAME OF ORGANIZATION]** encourage providers to recommend these interventions to their patients."

GO TO STEP 4, OR THANK AND END CALL

4 SCHEDULE THE VISIT

✪ When the practice is ready to schedule the outreach visit:

"Great. What's a good day and time for us to meet with your staff?"

✪ Check your calendar and schedule an outreach visit as convenient for the practice.

"The **[NAME OF ORGANIZATION]** representative you'll be meeting with is **[INTERVENTION MARKETER NAME]**.

5 CONFIRM VISIT DETAILS

✪ Confirm all visit details.

"Who from your staff will attend the meeting?"

✪ Note names and/or titles for the marketer.

"Please let me know if I have the correct address for your practice."

✪ Confirm address for the meeting.

"Are there any instructions for getting into the building that I should pass on to our representative—for instance, will he/she need to sign in or be buzzed in?"

"Who's the main contact for the practice? I'd like to know whom we should call in case we have any questions, or to confirm or reschedule the visit."

6 VERIFY ADDITIONAL INFORMATION

✪ Gather additional information about the practice.

"Do you have time to answer a few brief follow-up questions about your practice? Your answers will help us prepare for our meeting."

IF no, remind marketer to ask during the outreach visit and → GO TO STEP 7

IF yes, continue below.

"I have the following providers listed as part of this practice. Please let me know if I should make any changes to my list."

✪ Read names and titles of providers as obtained through preliminary research, and update as necessary.

"Have the providers in the practice ever recommended self-management or physical activity interventions to their patients—either formal classes or as general management strategies or recommendations?"

"We'd like to bring materials about the interventions for your patients. Is there a place for us to display posters and fact sheets in your waiting room or exam rooms?"

7 WRAP UP CALL

✪ Repeat date and time of visit.

"Thank you for your time. **[INTERVENTION MARKETER NAME]** will see you on **[DATE AND TIME OF OUTREACH VISIT]**. If you have any questions or need to reschedule, please give me a call at **[YOUR PHONE NUMBER]**."

END VISIT

CONFIRMATION PHONE CALL

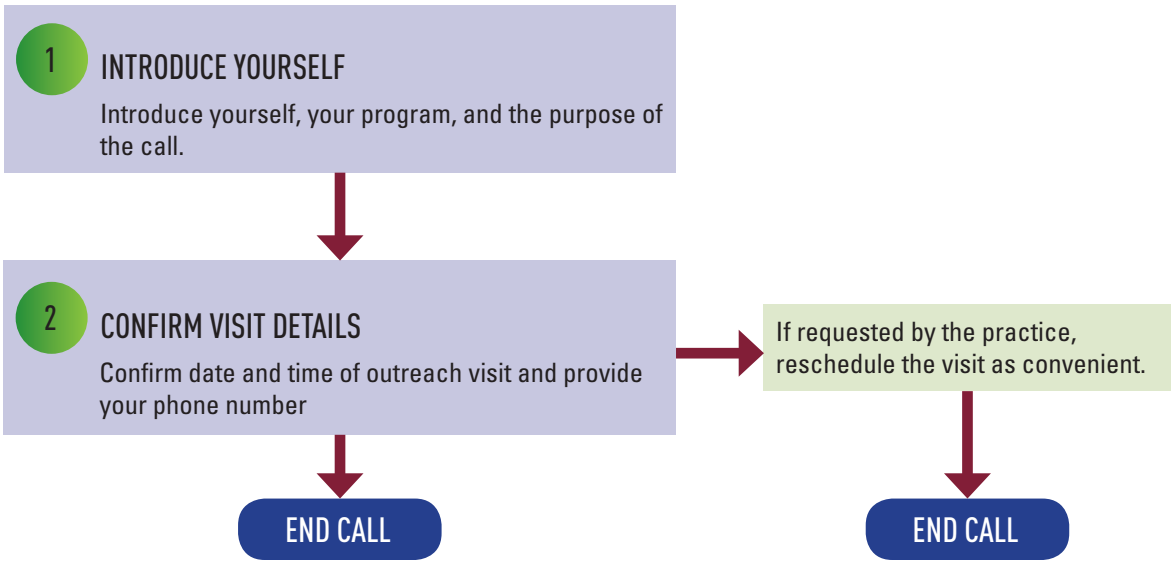
Purpose

Confirm the scheduled provider outreach visit, or reschedule as needed.

Tools Needed

Provider Outreach Tracking Spreadsheet

Call Flow



Call Script

Place the call approximately 24 hours in advance of the scheduled visit. Call during office hours to confirm directly with a staff member. Leave a voice mail message only when necessary.

1 INTRODUCE YOURSELF

✪ Introduce yourself.

"Good morning / afternoon, I'm **[NAME]**, calling from **[NAME OF ORGANIZATION]**.

2 CONFIRM VISIT DETAILS

✪ Confirm the details of the scheduled outreach visit.

"I'm confirming that **[INTERVENTION MARKETER NAME]** is scheduled to meet with **[YOUR STAFF/ NAMES OF SPECIFIC STAFF]** at **[DATE AND TIME OF VISIT]** to discuss locally available self-management education and physical activity classes for people with chronic disease."

IF staff confirms visit as scheduled:

"Great. We look forward to meeting you. If you need to reschedule, please give me a call at **[YOUR PHONE NUMBER]**. Thank you."

→ END VISIT

IF staff needs to reschedule the visit:

"No problem. What's a good date and time to reschedule the meeting?"

✪ Check your calendar and reschedule the outreach visit at the practice's convenience.

Then **[INTERVENTION MARKETER NAME]** will see you on **[DATE AND TIME OF OUTREACH VISIT]**. If you have any questions, please give me a call at **[YOUR PHONE NUMBER]**."

→ END VISIT

OUTREACH VISIT WITH PROVIDERS

Purpose

Meet face-to-face with providers and/or office staff to encourage them to recommend self-management education and physical activity interventions to their patients with chronic disease. Plan for a 5-minute visit, but be prepared to stay longer. Be aware that you may only have 2 minutes while the provider is moving between exam rooms.

Tools Needed

- ✓ Provider Outreach Tracking Spreadsheet
- ✓ Provider outreach packets containing the following:
  - Overview fact sheet for providers, one copy for each provider or staff member
  - Intervention-specific fact sheet on each program you're promoting, one copy for each provider or staff member
  - Evidence table (if needed) on each program you're promoting, one copy for each provider or staff member
  - Patient brochure and class schedules, 50–100 copies each
- ✓ Posters (1–3)
- ✓ Your business cards
- ✓ Power Point slides (as needed)

Visit Flow

1 INTRODUCE YOURSELF

Introduce yourself to the front desk staff and give name of your primary contact.

→ If contact unable to meet, ask to meet with someone else. If alternate contact available, GO TO STEP 2

→ If no one else available, reschedule visit. Leave fact sheets and posters with front desk staff. → END VISIT

2 PROVIDE BACKGROUND

Greet the person you're meeting with. Reiterate purpose of visit, and provide additional background.

3 MAKE YOUR PITCH

Highlight core marketing messages—e.g., cost, convenience, credibility, and overall effectiveness.

4 HAND OUT PROVIDER MATERIALS

Hand out packet of outreach materials and show provider fact sheets. Identify interventions offered locally and their locations and schedules.

→ Time permitting, describe the two different types of interventions (i.e., self-management education and physical activity). If pressed for time, GO TO STEP 6.

5 REVIEW INTERVENTIONS

Briefly describe each intervention you're promoting. Refer to fact sheets and evidence tables as needed.

6 ANSWER QUESTIONS

Provide more information as requested on interventions—e.g., on cost, convenience, credibility, efficacy.

7 PROVIDE PATIENT MATERIALS

Review the patient brochure and class schedules in the outreach packet. Offer posters to hang up around the office.

8 WRAP UP VISIT

Wrap up visit. Give business card and promise followup.

→ END VISIT

Visit Script

1 INTRODUCE YOURSELF

✪ Introduce yourself to the front desk staff.

"Hi, I'm **[NAME]** from **[NAME OF ORGANIZATION]**. I'm here to meet with **[PRIMARY CONTACT NAME]**."

IF primary contact is available → GO TO STEP 2

IF primary contact is unable to meet:

"Is someone else available to speak with me for a few minutes?"

IF alternate contact available → GO TO STEP 2

IF no one else is available:

"I understand. When would be a good time to reschedule the meeting?"

✪ Check your calendar and reschedule the outreach visit at the practice's convenience, or make a note to call back and reschedule if the practice is not prepared to reschedule the visit.

"I'd like to leave some materials behind for your staff and your patients to review."

✪ Reiterate purpose of visit and hand out fact sheets and posters.

"**[NAME OF ORGANIZATION]** is working with the Centers for Disease Control and Prevention to get the word out to area health care providers and their patients about effective, low-cost, nonpharmacological interventions being offered in the community. We're encouraging providers to recommend these interventions to their patients with chronic diseases like arthritis, diabetes, heart disease, and lung disease. They give you another tool for managing the condition.

These materials describe the interventions in more detail, highlight their proven benefits to patients, and give the schedule and location of classes in the area."

✪ Hand out packet with provider and patient fact sheets.

"Here's a packet of information for your providers and other staff members. There are copies of fact sheets **[and summaries of the evidence]** for your staff, and a supply of brochures and class schedules for your patients. These materials describe in more detail the interventions being offered locally—**[NAME THE INTERVENTIONS YOU ARE PROMOTING]**. Please feel free to display the *Take Charge!* materials in your waiting room or exam rooms. You may want to have a supply to give to patients during office visits.

Here's my card. If you or anyone on your staff has questions about the interventions or the availability of classes, please don't hesitate to give me a call. I'll be in touch again during the next few months to see how your patients are responding to your recommendations.

Thanks very much for your time. Please give my regards to **[PRIMARY CONTACT NAME]**. I'm sorry we didn't get a chance to meet face-to-face today."

→ END VISIT

2 PROVIDE BACKGROUND

✪ Introduce yourself to the person you're meeting with and reiterate purpose of visit.

"Hi, I'm **[NAME]** from **[NAME OF ORGANIZATION]**. We are working with the Centers for Disease Control and Prevention to get the word out to area providers about effective, low-cost, nonpharmacological interventions for chronic disease being offered in the community. I'm here to tell you more about these interventions and how they could benefit your patients. I'll only take a few minutes of your time."

✪ Provide background on the purpose of the visit using the talking points below.

- ✓ The CDC Arthritis Program is evaluating self-management education and physical activity interventions and has found several to be effective for reducing arthritis and other chronic disease symptoms and improving quality of life.
- ✓ These interventions are a series of low-cost classes offered at locations around the community. They introduce people to strategies for managing chronic disease. There are several of these classes being offered in this area.
- ✓ Because chronic disease is so difficult to manage—for you and your patients—we encourage you to recommend these interventions to your patients. They'll give you another tool for managing these conditions, and they'll help your patients manage pain and other symptoms, be more active and independent, and improve their quality of life.
- ✓ Your willingness to recommend these interventions is important. Your patients are much more likely to sign up for a class if you recommend it—more than 18 times more likely, according to data analyzed by CDC.

✪ Highlight as many of the core marketing messages as possible in the allotted time.

- ✓ Community-based self-management education workshops and physical activity classes are effective, convenient, affordable options for helping to manage chronic disease symptoms.
- ✓ The classes we are promoting were developed by universities, or national nonprofits like the Arthritis Foundation. They're taught by trained and certified instructors.
- ✓ Classes generally require approximately a 1-2 hour time commitment per week.
- ✓ The classes are affordable. Most self-management education workshops cost around $25–$40 for a 6–week course, while physical activity classes run about $1–$4 per session. **[Adjust fees according to local pricing.]**
- ✓ Depending on the class, the self-management strategies taught include behavioral and coping skills, communication techniques, low-impact exercises, and tips for managing medications and improving nutrition.
- ✓ Some of the interventions are offered in English or Spanish.
- ✓ Most importantly, program evaluations and published research studies have found that people with chronic disease do benefit from these interventions. They've been shown to offer a number of physical, behavioral, and psychosocial benefits, including:
  - Reduced pain and fatigue
  - Improved self-rated health
  - Improved range of motion
  - Increased physical activity
  - Elevated mood
  - Improved psychological wellbeing
  - Increased confidence in participants' ability to manage their health
- ✓ Improvements in symptoms and quality of life can help your patients be more effective partners in their health care.

✪ The next two bullet points define the two main types of interventions; relay these as requested or time permitting. If pressed for time → GO TO STEP 4

- ✓ Self-management education workshops help patients learn day-to-day strategies for managing and coping with chronic health conditions. They cover topics like techniques for dealing with pain, fatigue, and physical limitations; appropriate exercise and medication use; effective communication with family, friends, and physicians; and proper nutrition. They also promote skills such as goal-setting, decision-making, and problem-solving.
- ✓ Physical activity classes teach a range of exercises—from balancing and stretching techniques to endurance and strength training and low-impact aerobics. All activities were designed to be safe for people with arthritis and other chronic conditions. The exercises are designed to improve flexibility, mobility, balance, endurance, and strength, and can be modified for different skill and disability levels. Many classes also teach behavioral skills such as goal-setting, problem-solving, and overcoming barriers.

4 HAND OUT PROVIDER MATERIALS

✪ Hand out packet of outreach materials and point to the provider fact sheets. Identify the classes being offered locally and their locations and schedules.

"Here's a packet of information for you and your staff. There fact sheets describe in more detail the interventions being offered locally, including their proven benefits to patients."

5 REVIEW INTERVENTIONS

✪ Briefly describe each intervention you are promoting. Focus on these key elements:

- **Overall goals, skills, and techniques taught**
- **Types of patients likely to benefit**
- **Proven benefits**
- **Costs**
- **Availability and locations of local classes**

✪ Refer to the key points for specific interventions beginning on page 15.
✪ Use the fact sheets and evidence tables to supplement your discussion as necessary.

6 ANSWER QUESTIONS

✪ Be prepared to provide more details on the interventions as requested. As needed, refer to the key points for specific interventions beginning on page 15.

IF more information about cost is requested:

- ✓ "The typical fee for a self-management education program runs $25–$40 for a 6-week course with workshops meeting 2–2½ hours per week. Physical activity programs cost about $1–$4 per session and meet 1–3 times per week. **[Adjust fees according to local pricing.]**
- ✓ "If you have patients who can't afford the intervention cost, fees may be waived or subsidized or scholarships may be available." **[Provide information as applicable to your community—e.g., "The Arthritis Foundation offers subsidies to people in our community. Here is some information about how your patients can take advantage of these opportunities."]**

IF more information about convenience is requested:

- ✓ "Classes are offered at nearby locations." **[Provide examples—e.g., "For instance, EnhanceFitness classes are being held at the YMCA two blocks from your office."]**
- ✓ "The locations are easily accessible." **[Provide examples—e.g., "The #22 bus line stops directly in front of the YMCA"; "The YMCA offers free parking for people attending EnhanceFitness classes"; or "The local transit authority operates a free shuttle for seniors to and from the YMCA."]**
- ✓ "Classes are offered at different times during the day and on weekends to accommodate a variety of schedules." **[Provide examples—e.g., "CDSMP workshops are offered twice during the week in the morning and afternoon, and once on Saturday morning."]**

IF more information about credibility is requested:

- ✓ "The interventions were designed by reputable organizations such as the Arthritis Foundation or university-based research groups, and all have been evaluated in randomized controlled trials."
- ✓ "All instructors are specifically trained to deliver the intervention classes they lead."

IF more information about efficacy is requested:

- ✓ "Both self-management education and physical activity interventions have the added benefit of encouraging participants to increase their exercise. This can help them maintain a healthy weight, which is important in controlling disease progression and disability."
- ✓ "Many studies have followed participants after the last class and found that the beneficial effects of these interventions can last for 12 months or more."

✪ As needed, highlight findings on specific interventions. Refer to the key points for specific interventions beginning on page 15. Use the fact sheets and evidence tables to supplement your discussion as necessary.

- ✓ "If you're interested in reading more about the evidence, there's a list of references at the end of each intervention fact sheet. There's also an evidence table that summarizes findings from key studies. There are more links and information on the CDC Web site." **[Point to the link in the provider overview fact sheet.]**

7 PROVIDE PATIENT MATERIALS

✪ Point to the patient materials in the outreach packet.

"In the folder, there's also a supply of brochures and class schedules for your patients.

The brochure talks about the overall benefits of self-management education and physical activity. The class schedules give descriptions of the interventions I just described. They include class times, locations, and other scheduling information.

I hope you'll display these materials in your waiting room or exam rooms and keep a supply in your office to give to patients during visits. If you run out, just let me know. I'll be happy to supply you with more.

I also have posters you can hang up in your waiting or exam rooms. You could also try putting them in patient intake areas like near the scale or the lab, or in the bathrooms."

8 WRAP UP VISIT

✪ Establish a follow-up plan.

"Here's my business card. Please call me if you think of any additional questions. I'll be in touch with your office sometime during the next few months to see how your patients are responding to the recommendations and see if you've gotten any feedback from people who attended classes. If any class schedules change, I'll be sure to let you know and drop off updated materials.

It was a pleasure to meet you. Thank you very much for your time today."

INTERVENTIONS

Use the following information to describe each intervention you are promoting and answer questions about cost, convenience, and credibility. **See Steps 5 and 6 of the visit flow.**

Active Living Every Day (ALED)

Overview

- ✓ ALED encourages sedentary people to become and stay physically active. It was originally developed for the general population but has been studied for people with chronic disease.
- ✓ ALED is a series of weekly hour-long workshops in which participants learn behavioral skills—like goal-setting and time management—that will help them get more physically active.
- ✓ Participants use the information discussed in the workshops and class materials to develop an individualized exercise regimen. Activities are performed outside of the group setting.
- ✓ ALED can safely increase physical activity levels and improve cardiovascular fitness, mood, and chronic disease symptoms, and provide the social support of a group setting.
- ✓ [**Customize for your community.**] A 14-week ALED course costs [**$$**]. A 20-week ALED course costs [**$$**]. Classes are being held at [**NAME LOCATION(S)**].

Additional Information

- ✓ ALED was developed by researchers at the Cooper Institute and is disseminated by Active Living Partners, a division of Human Kinetics.
- ✓ ALED class instructors complete an online prerequisite followed by a 2-day online or in-person training. They must pass a competency examination before they can begin leading classes.
- ✓ In the general community, evidence suggests that ALED can be as effective as a structured exercise program in increasing physical activity levels and improving cardiovascular fitness (including lowering blood pressure). Participants also report feeling less depressed and less stressed.
- ✓ Preliminary research on ALED among people with arthritis is positive. Participants have reported improvements in arthritis symptoms after completing the course, with no safety concerns.
- ✓ The opportunity to engage in low-impact activities in a step-by-step fashion and the social support of the group setting have been cited as important features of ALED.

Arthritis Foundation Aquatic Program (AFAP)

Overview

- ✓ AFAP is a water exercise program for adults with arthritis. Swimming ability is not required. People with other chronic diseases can benefit as well.
- ✓ Participants meet in 1-hour group classes two or three times per week. Activities include stretching, breathing, and light aerobic activities in a warm pool to improve flexibility, mobility, endurance, strength, and well-being. Instructors are trained to accommodate different ability levels.
- ✓ Benefits include improved range of motion, muscle strength, flexibility, and aerobic fitness. Participants who attend at least two classes a week get the best results from the program.
- ✓ [**Customize for your community.**] An 8-week AFAP course costs [**$$**]. A 12-week AFAP course costs [**$$**]. The cost per class is [**$$**]. Classes are being held at [**NAME LOCATION(S)**].

Additional Information

- ✓ AFAP was developed jointly by the Arthritis Foundation and the YMCA of the USA.
- ✓ AFAP classes are led by health and fitness professionals who have completed an 8–10 hour training course.
- ✓ In randomized controlled trials, AFAP has been found to improve joint range of motion, muscle strength, flexibility, and aerobic fitness.
- ✓ AFAP participants have also reported improved physical function and quality of life.
- ✓ Adherence to the program is important. Evidence has shown that AFAP participants who attend at least two classes per week report greater improvements in quality of life, physical function, well-being, and mood.

Arthritis Foundation Exercise Program (AFEP)

Overview

- ✓ AFEP is a group recreational exercise program designed to manage arthritis symptoms and promote safe physical activity in adults with arthritis.
- ✓ Participants can range from people who are sedentary with very limited joint mobility to those who are relatively active with only mild joint impairment. People with other chronic diseases are likely to find it beneficial as well.
- ✓ AFEP meets two to three times per week in 1-hour sessions. Participants practice a variety of range-of-motion and stretching, strength-building, and conditioning exercises; balance and coordination activities; and relaxation and breathing techniques.
- ✓ Benefits include symptom relief such as reduced pain and fatigue, and less depression. Participants also report an increased confidence in their ability to manage their condition and remain active in their daily lives.
- ✓ **[Customize for your community.]** An 8-week AFEP course costs **[$$]**. A 12-week AFEP course costs **[$$]**. The cost per class is **[$$]**. Classes are being held at **[NAME LOCATION(S)]**.

Additional Information

- ✓ AFEP was developed by the Arthritis Foundation.
- ✓ AFEP instructors are health or fitness professionals who have completed an 8-hour Arthritis Foundation training workshop.
- ✓ Activities are performed while participants are seated, standing, or lying on the floor, and are modified for different capabilities and skill levels. The intensity of the exercises can also be adapted. There's also a brief health education component to each class.
- ✓ The benefits of symptom relief, improved mood, and increased self-efficacy were reported in preliminary evaluations of AFEP. A randomized, controlled trial of AFEP funded by CDC confirmed these findings and found that participants who attended at least 9 of the 16 classes benefitted most.

Arthritis Self-Management Program (ASMP)

Overview

- ✓ ASMP is a small group education program for adults with arthritis and their significant others. The goal is to help people with arthritis adapt to their condition and gain confidence and control over their lives.
- ✓ Participants meet in weekly 2–2½ hour interactive workshops for 6 weeks. They learn and practice techniques—such as effective problem-solving and communication—for building an arthritis self-management program specific to suit their needs.
- ✓ Workshops include educational sessions and group discussions for participants to get feedback and suggestions from one another about dealing with arthritis-related problems. Participants practice the techniques they learn on their own and discuss their progress with the group.
- ✓ Benefits include reduced fatigue and health distress. These effects may last up to 12 months or more after the course. Participants also report exercising more frequently, feeling less depressed and anxious, and feeling more confident in managing their arthritis.
- ✓ **[Customize for your community.]** A 6-week ASMP course costs **[$$]**. Classes are being held at **[NAME LOCATION(S)]**.

Additional Information

- ✓ ASMP was originally developed by Stanford University researchers and disseminated as the Arthritis Self-Help Course.
- ✓ Both health professionals and lay people may lead ASMP workshops after completing a 4½-day training. There are 2 instructors per workshop, at least one of whom has arthritis.
- ✓ The benefits of ASMP have been confirmed in clinical trials with follow-up periods of up to 2 years.

The Arthritis Toolkit/Manejando Mi Artritis

Overview

- ✓ The Arthritis Toolkit is a mail-delivered self-study package of print and electronic media developed from information covered in the Arthritis Self-Management Program (ASMP). The Toolkit may appeal to younger, more educated patients with fewer comorbidities. It's available in Spanish as Manejando Mi Artritis.
- ✓ The toolkit is designed to guide people in developing an individualized approach to managing arthritis through the use of exercise, pain management and relaxation techniques, goal-setting, and problem-solving.
- ✓ ASMP—on which the Toolkit is based—is a group self-management education program proven to reduce arthritis symptoms and improve quality of life and physical function. Likewise, people using the Toolkit benefit from reduced pain, improved health status, and increased confidence in managing arthritis.
- ✓ People interested in using the Arthritis Toolkit can order it from the publisher online, or by mail, fax, or a toll-free phone call. [**Point to the ordering information in your materials. Specify whether the toolkit can be ordered through your organization or borrowed from a local lending library.**]

Additional Information

- ✓ The Arthritis Toolkit is based on information covered in ASMP group classes. It was compiled by researchers at Stanford University and the University of North Carolina at Chapel Hill.
- ✓ The Arthritis Toolkit is self-administered. Users start with a self-test to help determine the impact of arthritis on their daily life and how best to tailor their use of the toolkit. They'll use the information in the relevant sections to develop their own arthritis self-management program.
- ✓ A strong evidence base from published research has demonstrated that participation in group self-management education programs—like ASMP, on which the Arthritis Toolkit is based—can reduce fatigue and depression, improve quality of life and physical function, and help people feel more confident in managing their arthritis.
- ✓ A large randomized clinical trial funded by CDC found that the Toolkit self-study package provides benefits similar to other proven self-management education interventions. At 4 and 9 months after receiving the toolkit, participants reported reduced pain and improved health status, health behaviors, and confidence for managing arthritis.
- ✓ Findings are similar for those using the Spanish version of the toolkit.

Better Choices, Better Health™ for Arthritis (BCBH for Arthritis)

Overview

- ✓ BCBH for Arthritis is the Internet-based version of the Arthritis Self-Management Program (ASMP), an in-person group education program for adults with arthritis to learn how to better manage their condition. It teaches the same skills as ASMP, including effective problem-solving, symptom management, goal-setting, and communication techniques.
- ✓ It takes about 2 hours per week for 6 weeks to complete the workshop. Participants can log on to the secure Web site whenever they want, as often as they want, within 6 weeks of their workshop.
- ✓ There are 20–25 participants in a workshop, but they don't need to be online at the same time. Participants interact with each other and offer support through online message boards.
- ✓ BCBH for Arthritis is an effective alternative to the in-person ASMP. It's been shown to reduce pain, ease fear and frustration, decrease physical limitation, and give people the confidence to manage their arthritis.
- ✓ **[Customize as needed.]** BCBH for Arthritis costs **[$$]**. Materials, including a workbook, are provided. People can sign up at www.arthritis.org/betterhealth.

Additional Information

- ✓ BCBH for Arthritis is based on the content of the in-person ASMP workshops originally developed at Stanford University. The National Council on Aging and the Arthritis Foundation are partnering to offer the program with support from CDC.
- ✓ The workshop is moderated by two ASMP-trained facilitators, at least one of whom has a chronic health condition.
- ✓ New material is posted to the Web site each week. Participants are asked to read the information, complete the activities, make an action plan, share their experience with others in their group, and offer support. Personal information is kept confidential; participants know each other by user names they create.
- ✓ A randomized controlled trial found that participants in BCBH for Arthritis had less pain, disability, and health distress; better self-reported health; and more confidence in managing their arthritis. These benefits may last for up to 1 year.

Chronic Disease Self-Management Program (CDSMP)

Overview

- ✓ **[NAME OF LOCAL PROGRAM]** is the name of the CDSMP offered in our area.
- ✓ CDSMP is a self-management education intervention for adults with chronic health conditions like arthritis, diabetes, heart disease, and lung disease. People with more than one chronic condition may find the program especially helpful.
- ✓ CDSMP is conducted as a series of weekly 2½–hour workshops for 6 weeks. Participants learn techniques for coping with the physical and psychological effects of chronic disease, and strategies for reducing symptoms and disability.
- ✓ Among the proven benefits, CDSMP participants report less pain, fatigue, and depression; more energy; better communication with their physicians; better overall health; and increased confidence that they can manage their arthritis.
- ✓ **[Customize for your community.]** A 6-week course costs **[$$]**. Classes are being held at **[NAME LOCATION(S)]**.

Additional Information

- ✓ CDSMP was developed by researchers at Stanford University.
- ✓ Both health professionals and lay people may be trained to lead CDSMP workshops. All instructors attend a 4-day training. There are two instructors per workshop, at least one of whom has a chronic health condition.
- ✓ The course generally runs like this: In a typical workshop, in addition to mini-lectures and group discussion, participants set a realistic goal for the upcoming week and develop an action plan for meeting that goal. At the next workshop, they tell the group about their progress meeting that goal and their classmates help them come up with ways to address any challenges.
- ✓ There is strong evidence from clinical trials and program evaluations that participation in CDSMP can improve physical and psychosocial outcomes and quality of life. Benefits include:
  - Decreased pain, fatigue, and depression
  - More energy and physical activity
  - Less health distress
  - Better communication with physicians
  - Better overall health
  - Fewer social role limitations
  - Increased confidence in managing chronic disease

EnhanceFitness (EF)

Overview

- ✓ EF is an exercise program that combines cardiovascular and balance exercises, strength training, and stretching to prevent functional decline in older adults. It's geared towards the general community, as well as for people with chronic health conditions.
- ✓ EF classes are dynamic and interactive. In hour-long sessions conducted three times a week, EF instructors lead participants through a series of stretches, low-impact aerobics, and strength training activities (using soft ankle and wrist weights). All activities can be adapted to participants' fitness levels and tailored to be arthritis appropriate.
- ✓ Proven benefits of EF include improvements in overall fitness, social function, physical function, and depression. And participants love the program: adherence is strong, with over 99% saying they would recommend EF to a friend.
- ✓ **[Customize for your community.]** EF classes cost **[SPECIFY FEE PER CLASS OR COST AND LENGTH OF COMPLETE COURSE]**. Classes are being held at **[NAME LOCATION(S)]**.

Additional Information

- ✓ EF—formerly known as Lifetime Fitness—was developed at the University of Washington.
- ✓ EF instructors are required to hold a nationally recognized fitness instructor certification. They also receive 12 hours of specialized training by an EF master trainer.
- ✓ Classes are offered on an ongoing basis, and participants can join at any time. All EF activities can be tailored to participants' health needs and limitations, and adapted to their fitness levels. Participants are encouraged to provide peer support.
- ✓ EF has undergone rigorous program evaluation and clinical study totaling thousands of participants. Its primary benefits—improvements in overall fitness, social function, physical function, and depression—have been documented across ethnically and socioeconomically diverse communities.
- ✓ Cost-benefit analyses have found that older adults who participate in EF cost their insurers less, due primarily to fewer in-patient hospital stays.

Fit & Strong!

Overview

- ✓ Fit & Strong! is designed for sedentary older adults with osteoarthritis, particularly those with joint pain and stiffness in the lower extremities.
- ✓ Fit & Strong! sessions are 90 minutes long and meet three times per week for 8 weeks. Exercises combine strength training, aerobic conditioning, and self-management education.
- ✓ Specific exercises—such as sit-to-stand and floor-to-stand progressions and complex walking patterns requiring balance and agility—are meant to translate to daily activities and support participants' independent physical functioning.
- ✓ Fit & Strong! can safely reduce joint pain and stiffness, encourage participants to stay active, and boost their confidence in their ability to exercise. People really like this program: in evaluations, 99% reported that they had benefited from it and 98% would recommend it to a friend.
- ✓ **[Customize for your community.]** An 8-week Fit & Strong! course costs **[$$]**. Classes are being held at **[NAME LOCATION(S)].**

Additional Information

- ✓ Fit & Strong! was designed by researchers at the University of Illinois at Chicago.
- ✓ Fit & Strong! class leaders are certified fitness instructors or licensed physical therapists who have completed an 8-hour training course.
- ✓ Before the program ends, participants meet one-on-one with the instructor to create an exercise plan they can keep up with after the last class.
- ✓ The benefits of improved osteoarthritis symptoms and increased activity levels were reported in preliminary studies of Fit & Strong!
- ✓ The researchers who designed the program conducted a randomized controlled trial on its short- and long-term effects. Short-term benefits for Fit & Strong! participants included increased physical activity levels and confidence in their ability to exercise, as well reduced pain and joint stiffness. These effects were sustained at 12 months.

Programa de Manejo Personal de la Artritis

Overview

- ✓ This is a small group education program for Spanish-speaking people with arthritis. It's modeled on the English version ASMP but tailored to meet the needs of Spanish-speaking people with arthritis. Workshops are conducted in Spanish and cover similar topics as ASMP in a culturally appropriate manner.
- ✓ Participants meet in weekly 2–2½ hour interactive workshops for 6 weeks. They learn and practice techniques—such as effective problem-solving and communication—that help them build confidence in managing their health and keep them active and engaged in their lives.
- ✓ Similar short- and long-term benefits have been demonstrated for participants in Programa de Manejo Personal de la Artritis and ASMP.
- ✓ **[Customize for your community.]** A 6-week course costs **[$$]**. Classes are being held at **[NAME LOCATION(S)]**.

Additional Information

- ✓ Programa de Manejo Personal de la Artritis is modeled on ASMP and was developed at Stanford University.
- ✓ For Programa de Manejo de la Artritis, both health professionals and lay people may lead workshops after completing a 4½-day training. There are two instructors per workshop, at least one of whom has arthritis. They are fluent in Spanish and familiar with the needs of Spanish-speaking communities.
- ✓ Workshops include educational sessions and group discussions for participants to get feedback and suggestions from one another about dealing with arthritis-related problems. Participants practice the techniques they learn on their own and discuss their progress with the group.
- ✓ In clinical trials, participants experienced decreased pain, decreased depression, and increased confidence in their ability to manage their arthritis.

Tomando Control de su Salud

Overview

- ✓ Tomando Control de su Salud is a self-management education intervention conducted in Spanish. People with different chronic health conditions participate in the program together, and those with comorbidities may find it especially helpful.
- ✓ The weekly 2½–hour workshop series is based on the English version CDSMP and covers similar topics in a culturally appropriate manner. Participants learn techniques for managing the physical and psychological effects common to people with chronic diseases, as well as strategies for reducing symptoms and disability.
- ✓ Benefits are similar to CDSMP. They include decreased pain and health distress, more physical activity, better communication with physicians, fewer social role limitations, better self-rated health, and increased confidence in managing a chronic disease.
- ✓ **[Customize for your community.]** A 6-week course costs **[$$]**. Classes are being held at **[NAME LOCATION(S)]**.

Additional Information

- ✓ Tomando Control de su Salud is based on CDSMP and was developed at Stanford University.
- ✓ For Tomando Control de su Salud, both health professionals and lay people may be trained to lead workshops. All instructors attend a 4-day training. There are two instructors per workshop, at least one of whom has a chronic health condition. They are fluent in Spanish and familiar with the needs of Spanish-speaking communities.
- ✓ In a typical workshop, in addition to the mini-lectures and group discussion, participants set a realistic goal for the upcoming week and develop an action plan for meeting that goal. At the next workshop, they tell the group about their progress meeting that goal and their classmates help them come up with ways to address any challenges.
- ✓ Research has found that the benefits of Tomando Control de su Salud are similar to CDSMP. There is strong evidence from published clinical trials that participation in the programs can improve physical and psychosocial outcomes and quality of life for people with chronic health conditions.

Walk With Ease (WWE)

Overview

- ✓ This is an Arthritis Foundation program developed to encourage people with arthritis to get started walking and stay motivated to keep active. It may also help people with other chronic conditions—such as diabetes and heart disease—who want to be more active.
- ✓ Classes combine an education segment on arthritis- or exercise-related topics with stretching exercises and a 10–35 minute group walk. A self-directed version of the program is also available. And there's online support including a video, a message board, and an automated e-mail service for alerting participants when milestones are reached.
- ✓ WWE participants may benefit from reduced pain and fatigue, increased confidence in managing their health, and less depression. Over time, the participants may increase their physical activity levels and walking endurance.
- ✓ **[Customize for your community.]** A 6-week WWE course costs **[$$]**. Classes are being held at **[NAME LOCATION(S)]**.

Additional Information

- ✓ WWE was developed by the Arthritis Foundation.
- ✓ WWE instructors are trained according to Arthritis Foundation guidelines. Participants may also complete a self-directed version of the program.
- ✓ People can complete the WWE program on their own or in small groups. Evidence shows that both versions of the program offer similar benefits, including:
  - Reduced symptoms like pain, stiffness, and fatigue
  - Improved strength, balance, and walking pace
  - Reduced disability
  - Increased confidence in the ability to manage arthritis

Chronic Disease

Self-Management Programs

Chronic Disease in the U.S.

At least one chronic disease = 1 in 2 adults

- [##%] of people in [STATE NAME] have arthritis
- [##%] of people in [STATE NAME] have diabetes
- [##%] of people in [STATE NAME] have heart disease
- [##%] of people in [STATE NAME] have lung disease
- [##%] of people in [STATE NAME] have [other]

Chronic Disease in the U.S.

Two or more chronic diseases = 1 in 4 adults

- 52% with diabetes also have arthritis
  - [##%] of people with diabetes and arthritis in [STATE NAME]
- 58% with heart disease also have arthritis
  - [##%] of people with heart disease and arthritis in [STATE NAME]

Chronic Disease in the U.S.

- Chronic disease limits daily activities for 1/4 of people diagnosed
- Top causes of disability
  1. Arthritis
  2. Back/spine pain
  3. Heart disease

Chronic Disease Self-Management Programs

Why Self-Management?

- Reduces disease symptoms
- Improves quality of life
- Helps people be more active and independent
- Provides a nonpharma treatment tool
- Lets patients be active partners in their health

Why Self-Management Interventions?

- Effective, affordable, and evidence-based
- Convenient, classes offered nearby
- Developed by university researchers, Arthritis Foundation, other reputable groups
- Taught by trained and certified instructors
- Evidence evaluated by CDC

Types of Interventions

- Self Management Education Workshops

  Educational programs designed to help people develop skills and confidence to manage their health condition

- Physical Activity Classes

  Exercise classes where people learn to exercise safely without exacerbating their condition

Self-Management Education Workshops

- 2–2½-hour workshops, 6–8 week program
- Address variety of chronic conditions
- Teach techniques to deal with pain, fatigue, physical limitations
- Model behavioral skills like goal-setting, problem-solving, overcoming barriers

Physical Activity Classes

- 1–3 classes per week, 8–12 weeks with some classes ongoing
- Practice balancing, stretching, endurance, strength training, low-impact aerobics
- Modified for different skill and ability levels
- Many programs include educational sessions

Chronic Disease Self-Management Programs

What Are the Benefits?

- Reduced pain and fatigue
- Improved self-rated health
- Improved range of motion
- Increased physical activity
- Elevated mood
- Improved psychological well-being
- Increased confidence in managing health

Your Recommendation Is Important

- Patients expect to learn about self-management interventions from providers
- They are **18 times** as likely to participate in a self-management education workshop if their provider recommends it

Chronic Disease Self-Management Programs

What Can You Do?

- Review packet of materials
- Recommend local classes
- Hand out *Take Charge!* brochures and schedules
- Encourage patients to start before symptoms become severe
- Call with questions or feedback

What's Available Here?

- [Program Title 1]
- [Program Title 2]
- [Program Title 3]
- [Program Title 4]

Active Living Every Day (ALED)

About the Program

- Group exercise program developed by The Cooper Institute
- Encourages sedentary people to get active
- Hour-long weekly workshops, 14 or 20 weeks
- Behavioral skills to overcome barriers to exercise
- Plan for incorporating exercise into daily life

Active Living Every Day (ALED)

Benefits

- Increased physical activity, function, cardio fitness
- Decreased depression, stress
- No safety concerns for people with arthritis
- Participants like low-impact activities, step-by-step progression, social support of group setting

Arthritis Foundation Aquatic Program (AFAP)

About the Program

- Warm water exercise program developed by AF and YMCA USA
- Hour-long classes, 2–3 times per week, 8–12 weeks or ongoing
- Can accommodate different ability levels
- Swimming ability not required

Arthritis Foundation Aquatic Program (AFAP)

Benefits

- Increased joint range of motion, muscle strength, flexibility, aerobic fitness
- Improved physical function, quality of life
- Attending at least two classes per week leads to greater improvements in quality of life, physical function, well-being, mood

Arthritis Foundation Exercise Program (AFEP)

About the Program

- Group exercise program developed by AF
- Two 1-hour classes per week, 8–12 weeks or ongoing
- Includes health education session
- Exercises include stretching, strength-building, conditioning, balance/coordination, relaxation
- Activities/intensity customized by skill level, limitations
- Done seated, standing, lying on floor

Arthritis Foundation Exercise Program (AFEP)

Benefits

- Decreased pain, fatigue, depression
- Increased confidence for managing arthritis
- Benefits confirmed in CDC-funded randomized controlled trial (RCT)
- Best results for participants attending at least 9 of 16 classes

Arthritis Self-Management Program (ASMP)

About the Program

- Small group education workshops developed at Stanford University
- 2–2½ hours weekly for 6 weeks
- Educational sessions and group discussions on managing arthritis
- Practice techniques at home, share with group
- Helpful if arthritis interfering with valued activities

Arthritis Self-Management Program (ASMP)

Benefits

- Decreased fatigue, health distress, depression, anxiety
- Increased exercise, confidence in ability to manage arthritis
- Benefits may last up to 12 months or more
- At least 24 studies and program evaluations

The Arthritis Toolkit
Manejando Mi Artritis

About the Program

- Self-study package in English and Spanish
- Developed at Stanford University, based on ASMP
- Textbook and CDs to guide individual program
- Topics include exercise, pain management, goal-setting, problem-solving
- May appeal to younger patients with fewer comorbidities

The Arthritis Toolkit
Manejando Mi Artritis

Benefits

- Large CDC-funded RCT found benefits similar to other self-management education programs
- Decreased pain
- Increased health status, health behaviors, self-confidence for managing arthritis
- Similar benefits with Spanish version

Better Choices, Better Health™ (BCBH) for Arthritis

About the Program

- Internet-based version of ASMP
- 6-week “virtual group” program—participants log on at their convenience
- Interact with moderators and other participants through secure message boards
- May be convenient alternative for people unwilling or unable to attend in-person workshops

Better Choices, Better Health™ (BCBH) for Arthritis

Benefits

- Effective alternative to in-person ASMP
- Decreased pain, disability, health distress
- Better self-reported health
- Increased confidence in ability to manage arthritis
- Benefits may last up to 12 months

Chronic Disease Self-Management Program (CDSMP)

About the Program

- Small group education workshops developed at Stanford University
- For arthritis, diabetes, heart disease, other conditions
- 2½ hours weekly for 6 weeks
- Learn and practice problem-solving, goal-setting, decision-making
- Share progress with group, get feedback on challenges

Chronic Disease Self-Management Program (CDSMP)

Benefits

- Decreased pain, health distress, fatigue, depression
- Increased energy, physical activity, confidence in managing health
- Better communication with primary care provider (PCP)
- Fewer social role limitations
- At least 23 studies and program evaluations

EnhanceFitness (EF)

About the Program

- Dynamic group exercise class developed at University of Washington
- Originally designed to prevent functional decline in older adults
- Hour-long classes, 3 times/week
- Series of cardiovascular, balance, strength, and stretching exercises
- Can tailor activities to health needs, limitations

EnhanceFitness (EF)

Benefits

- Better overall fitness, social function, physical function, mood
- Benefits found across diverse communities
- > 99% of participants would recommend to friend
- Decreased costs, fewer in-patient hospital stays

Fit and Strong!

About the Program

- Exercise and education sessions developed at University of Illinois at Chicago
- For osteoarthritis in lower extremities
- 90 minutes, 3 times/week, 8 weeks
- Stretching, balance, range of motion, endurance, resistance
- Problem-solving, other self-management techniques

Fit and Strong!

Benefits

- Safely decreases symptoms of osteoarthritis, including joint pain and stiffness
- Increased physical activity levels, confidence in ability to exercise
- Benefits may continue up to 12 months
- 99% reported benefits, 98% would recommend to friends

Programa de Manejo Personal de la Artritis

About the Program

- Group education workshops developed at Stanford University
- Conducted in Spanish
- 2–2½ hours, weekly for 6 weeks
- Modeled on ASMP with culturally appropriate topics
- Educational sessions and group discussions on strategies for managing arthritis
- Helpful if arthritis interferes with valued activities

Programa de Manejo Personal de la Artritis

Benefits

- Short- and long-term benefits similar to ASMP
- Decreased pain, depression
- Increased confidence in managing arthritis

Tomando Control de su Salud

About the Program

- Developed at Stanford University, conducted in Spanish
- For arthritis, diabetes, heart disease, other conditions
- 2½ hours, weekly for 6 weeks
- Modeled on CDSMP with culturally appropriate topics
- Learn problem-solving, goal-setting, decision-making
- Share progress with group, get feedback on challenges

Tomando Control de su Salud

Benefits

- Benefits similar to CDSMP
- Decrease pain, health distress
- Increased physical activity, confidence in managing health
- Better communication with PCP
- Fewer social role limitations
- Better self-rated health

Walk with Ease (WWE)

About the Program

- Group walking program developed by AF; also self-directed version
- Motivates people to start walking, stay active
- 6-week program, 3 times weekly
- Education session, stretching activities, and 10- to 35-minute walk
- Supplemental materials/tools, print and online

Walk With Ease (WWE)

Benefits

- CDC-funded RCT examined both group and self-directed versions
- Decreased pain, stiffness, fatigue, disability
- Improved strength, balance, walking pace
- Increased confidence for managing arthritis

Questions?

Contact

[Marketer Name, Title]
[Name of Agency or Organization]
[Name of Office or Division]
[Street Address]
[City, ST 00000]
[Phone: (###) ###-####]
[Fax: (###) ###-####]
[E-mail or Web Address]

For More Information

Quick stats on arthritis
www.cdc.gov/arthritis/media/quickstats.htm

Descriptions of interventions
www.cdc.gov/arthritis/interventions.htm

CDC publications by topic
www.cdc.gov/arthritis/publications/topics.htm

Provider Outreach Tracking Spreadsheet

	Practice Information					Contact Information		Type of Contact						Staff Initials	Notes	Total Contacts Per Practice	Total Provider Recommendations Per Practice
	Practice/PCP Name	Type of Practice	Phone	Email	Address	Date of Contact	Person Contacted	Phone	Email	Mail	Drop-off	Other	Outreach Visit				
1																	
2																	
3																	
4																	
5																	
	OVERALL TOTALS													N/A	N/A		

See Instructions tab for tips on filling out this spreadsheet and inserting formulas to calculate sums.

Tips for Completing the Provider Outreach Tracking Spreadsheet

Use this spreadsheet to record all contacts with targeted practices.

1. Use Column A to assign a number to each separate practice. This will make it easy for you to track at-a-glance how many practices you are targeting.
2. Before you make your first contact with a practice, complete the information in Columns B through F. You only need to complete this information once for each practice--in the row that's numbered in Column A--unless it changes.
3. In the rows below the contact information you entered, record the date of each contact, the person you contacted, and the type of contact in Columns B through N. When completing columns I through N, just enter an X in the column representing the type of contact you made. You can add rows as needed for each practice using the Microsoft Excel Insert function.
4. In Column O, enter the initials of your marketing team member who made the contact.
5. In Column P, enter any notes about the contact or follow-up plans.
6. Use Column Q to tally the total number of contacts you made with a particular practice--i.e., the number of "Xes" you marked in Columns I through N. You might do this at the end of each class season to help assess your efforts. One way to do this is to use the COUNTA function. This function counts up all the cells within a specified range that are filled with any character. To count the total number of times you contacted the practice, you would:
   a. Place your cursor in Column Q, in the row of the last contact you have recorded with the practice. For example, if your contacts with a practice are recorded in Rows 3 through 7, you would place your cursor in Column Q, Row 7.
   b. Enter "=COUNTA( )" into the function box. Inside the parentheses, put the range of rows and columns you want to count. For example, if your contacts with a practice are recorded in Rows 3 through 7, you would enter "=COUNTA(I3:N7)".
   c. Press the Enter key to see the calculation.
7. Use column R to record the total number of intervention recommendations a practice or provider makes. You might get this information from the How Did You Hear? Form and Data Entry Spreadsheet, from follow-up contacts with the practice, or by word of mouth.
8. You can also use the COUNTA function to tally the overall totals for each type of contact. For example, if you want to tally the total number of phone calls you made to all the practices on your tracking sheet (i.e., all the "Xes" you marked in Column I), you would:
   a. Place your cursor in the "Overall Totals" box for "phone" (Column I, Row 29, in this example).
   b. Enter "=COUNTA( )" into the function box. Inside the parentheses, put the range of rows you want to count. In this example, to count up all the phone calls you made, you would enter "=COUNTA(I3:I27)".
   c. Press the Enter key to see the calculation.
   d. Repeat this process for the rest of the contact types in Rows J through N.
9. To get overall totals for Columns Q and R, use the SUM function.
   a. Place your cursor in the "Overall Totals" box (in this example, Column Q, Row 29, and Column R, Row 29).
   b. Enter "=SUM( )" into the function box. Inside the parentheses, put the range of rows you want to count. In this example, to count up all the contacts you made with all the practices on your tracking sheet, you would enter "=COUNTA(Q3:Q27)".
   c. Press the Enter key to see the calculation.
   d. Repeat this process for Column R to count up all the recommendations recorded from the practices on your tracking sheet.

Provider Outreach Tracking Spreadsheet

	Practice Information					Contact Information		Type of Contact						Staff Initials	Notes	Total Contacts Per Practice	Total Provider Recommendations Per Practice
	Practice/PCP Name	Type of Practice	Phone	Email	Address	Date of Contact	Person Contacted	Phone	Email	Mail	Drop-off	Other	Outreach Visit				
1	Anytown Primary Care	PCP	123-555-4567	anytown@doc.com	4242 Main St. NW Suite 402	05/03/14	Jane Smith, RN Practice Manager	x						EL	Jane says practice is interested. Scheduled an outreach visit for 06/23/14 with J. Moore.		
						06/21/14	Jane Smith	x						EL	Called to confirm outreach visit. J. Moore will be meeting with Drs. Jones and Green and some of the nursing staff.		
						06/23/14	Dr. Troy Jones Dr. Juanita Green Jane Smith Various RN staff						x	JM	Met with Drs. Jones and Green and several nurses during their lunch break. Left a supply of materials behind. Will call back in 2 weeks to check in.		
						07/06/14	Jane Smith	x						JM	Spoke to Jane. Patients seem to be very interested. Will contact us when they need additional materials.		
						08/01/14	Jane Smith		x					JM	Per Jane, office is out of patient brochures and class schedules. I will drop off more.		
						08/02/14	Linda (front desk)				x			JM	Left additional patient brochures and class schedules with front desk.	36	5
2	Tri-County Internal Medicine Group	PCP	123-555-3380		52 West Ave. Suite B	05/04/14	Carol Rogers Office Manager	x						EL	Carol will check with clinical staff to see if they are interested.		
						05/18/14	Carol Rogers	x						EL	LM for Carol to see if practice is ready to schedule an outreach visit.		
						05/25/14	Carol Rogers	x						EL	No response from Carol. Left 2nd message.		
						06/08/14	Carol Rogers	x						EL	Left 3rd message for Carol.		
						06/23/14	Tracy (front desk)				x			JM	Dropped off materials while in the area. Neither Carol nor clinical staff were available to talk. Will call or drop in next month when I'm back in the area.		
						08/02/14	Carol Rogers				x			JM	Stopped by while in the area. Was able to speak briefly with Carol. Office has been busy switching to a new EHR and billing system, hasn't had time to look at materials. Asked me to call back in the Fall to present on the Spring classes.	36	0
							OVERALL TOTALS	12	12	12	12	12	12	N/A	N/A	72	5

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Tips for Completing the Provider Outreach Tracking Spreadsheet

Use this spreadsheet to record all contacts with targeted practices.

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2. Before you make your first contact with a practice, complete the information in Columns B through F. You only need to complete this information once for each practice--in the row that's numbered in Column A--unless it changes.
3. In the rows below the contact information you entered, record the date of each contact, the person you contacted, and the type of contact in Columns B through N. When completing columns I through N, just enter an X in the column representing the type of contact you made. You can add rows as needed for each practice using the Microsoft Excel Insert function.
4. In Column O, enter the initials of your marketing team member who made the contact.
5. In Column P, enter any notes about the contact or follow-up plans.
6. Use Column Q to tally the total number of contacts you made with a particular practice--i.e., the number of "Xes" you marked in Columns I through N. You might do this at the end of each class season to help assess your efforts. One way to do this is to use the COUNTA function. This function counts up all the cells within a specified range that are filled with any character. To count the total number of times you contacted the practice, you would:
   a. Place your cursor in Column Q, in the row of the last contact you have recorded with the practice. For example, if your contacts with a practice are recorded in Rows 3 through 7, you would place your cursor in Column Q, Row 7.
   b. Enter "=COUNTA( )" into the function box. Inside the parentheses, put the range of rows and columns you want to count. For example, if your contacts with a practice are recorded in Rows 3 through 7, you would enter "=COUNTA(I3:N7)".
   c. Press the Enter key to see the calculation.
7. Use column R to record the total number of intervention recommendations a practice or provider makes. You might get this information from the How Did You Hear? Form and Data Entry Spreadsheet, from follow-up contacts with the practice, or by word of mouth.
8. You can also use the COUNTA function to tally the overall totals for each type of contact. For example, if you want to tally the total number of phone calls you made to all the practices on your tracking sheet (i.e., all the "Xes" you marked in Column I), you would:
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   c. Press the Enter key to see the calculation.
   d. Repeat this process for the rest of the contact types in Rows J through N.
9. To get overall totals for Columns Q and R, use the SUM function.
   a. Place your cursor in the "Overall Totals" box (in this example, Column Q, Row 29, and Column R, Row 29).
   b. Enter "=SUM( )" into the function box. Inside the parentheses, put the range of rows you want to count. In this example, to count up all the contacts you made with all the practices on your tracking sheet, you would enter "=COUNTA(Q3:Q27)".
   c. Press the Enter key to see the calculation.
   d. Repeat this process for Column R to count up all the recommendations recorded from the practices on your tracking sheet.

Appendix D

Customizable Marketing Materials

IN THIS APPENDIX

General Marketing Materials..... 147
Customized Samples..... 167
Intervention-Specific Materials..... 178

General Marketing Materials

IN THIS SECTION

- ✓ Introductory Flyer
- ✓ Provider Overview Fact Sheet (*Chronic Disease Self-Management Programs: Help Your Patients Take Charge*)
- ✓ Patient Brochure—English (*Take Charge! Managing Your Health*)
- ✓ Patient Brochure—English (for commercial printing)
- ✓ Patient Brochure—Spanish (*¡Hágase cargo! Tomando Control de su Salud*)
- ✓ Patient Brochure—Spanish (for commercial printing)
- ✓ Outreach Folder Label
- ✓ Poster
- ✓ Followup Postcard
- ✓ New Intervention Template: Provider Fact Sheet
- ✓ New intervention Template: Patient Class Schedule

Chronic Disease Self-Management Programs

Help Your Patients Take Charge

Give Your Patients the Tools to Take Charge

Recommend a self-management education or physical activity program.

Help your chronic disease patients live happier, healthier lives.

Our organization is working with the Centers for Disease Control and Prevention (CDC) to spread the word about convenient, nonpharmacological interventions for chronic disease that are offered in our community. Studies show these **self-management education workshops** and **physical activity classes** are effective for people with conditions such as arthritis, diabetes, heart disease, and lung disease. They can **reduce symptoms**, give your patients the **confidence to manage their health**, and **improve their quality of life**.

Learn more about how these low-cost management options can complement your treatment recommendations.

We'd like to talk to you and your staff about the workshops and classes available in your area and how they can benefit your patients. To learn more or to schedule a brief visit by one of our staff members, contact:

_____

_____

_____

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Read about self-management education and physical activity interventions the CDC Arthritis Program has evaluated at **www.cdc.gov/arthritis/interventions.htm**.

Chronic Disease Self-Management Programs

Help Your Patients Take Charge

Managing a chronic disease can be complex and frustrating—for you and your patients. Give them the tools they need to improve their health. Recommend a self-management education or physical activity intervention and help your patients take charge.

Current medical treatment options may not always give your patients the relief they're looking for, or they may have trouble following your treatment recommendations. Evidence suggests that nonpharmacological treatments are an important part of chronic disease management.

The Centers for Disease Control and Prevention (CDC) Arthritis Program has identified a number of **self-management education** and **physical activity** interventions proven effective for people with chronic conditions, including arthritis, diabetes, heart disease, and lung disease. These interventions can reduce symptoms, give your patients the confidence to manage their condition, and improve their quality of life.

Why Use These Interventions?

The self-management education and physical activity interventions supported by the CDC Arthritis Program are:

- **Credible.** They were designed by reputable organizations like Stanford University, the University of Washington, and the Arthritis Foundation. Classes are taught by trained and certified instructors.
- **Low-cost.** Self-management education courses typically cost about $25–$40. Physical activity classes cost $1–$4 per session.
- **Convenient.** Classes are offered at convenient locations in your community. Self-management education courses require about a 2–2½ hour time commitment per week for 6–8 weeks. Physical activity classes meet one to three times per week for 8–12 weeks or on an ongoing basis.

Quick Facts

- Almost **1 out of every 2 adults** in the U.S. has at least one chronic disease.[1] More than **1 in 4 adults** have two or more chronic diseases.[2]
- For about **one-fourth** of these people, their condition limits their daily activities.[1]
- The leading cause of disability is arthritis. More than **50 million American adults** have doctor-diagnosed arthritis.[3]
- Your recommendation is important. People **are more than 18 times as likely** to participate in a self-management education intervention if their health care provider recommends it.[4]

[1]www.cdc.gov/chronicdisease/overview
[2]www.rwjf.org/pr/product.jsp?id=50968
[3]www.cdc.gov/arthritis/media/quickstats.htm
[4]*Arthritis and Rheumatism*. 2007;56(9):S307–308.

Chronic Disease Self-Management Programs

Help Your Patients Take Charge

What Should I Know About These Interventions?

Self-Management Education Workshops	Physical Activity Classes
✔ Provide instruction on day-to-day strategies for managing and coping with chronic health conditions, including: • Techniques to deal with pain, fatigue, and physical limitations • Appropriate exercise and medication use • Effective communication with family, friends, and physicians • Proper nutrition ✔ Are offered in English and Spanish	✔ Teach a range of exercises that can be modified for different skill and disability levels, including: • Balancing and stretching techniques • Endurance and strength training • Low-impact aerobics ✔ Are designed to improve flexibility, joint range of motion, balance, endurance, and strength ✔ May also teach behavioral skills like goal-setting, problem-solving, and overcoming barriers

For More Information

- Brady TJ, Jernick SL, Hootman JM, et al. Public health interventions for arthritis: expanding the toolbox of evidence-based interventions. *Journal of Women's Health*. 2009;18(12):1905–1917.
- Quick stats on arthritis: **www.cdc.gov/arthritis/media/quickstats.htm**
- Descriptions of specific interventions: **www.cdc.gov/arthritis/interventions.htm**
- CDC publications by topic: **www.cdc.gov/arthritis/publications/topics.htm**

How Can They Help My Patients?

Evidence from clinical trials and program evaluations shows that the self-management education and physical activity interventions supported by the CDC Arthritis Program can:

- Reduce pain and fatigue
- Improve self-rated health
- Improve range of motion
- Increase physical activity
- Elevate mood
- Improve psychological well-being
- Increase participants' confidence in their ability to manage their health

Studies have found that the effects of these interventions last well after the last class—up to 12 months or more. Improvements in symptoms and quality of life can help your patients be more effective partners in their health care.

Do you have an ongoing health problem like arthritis, diabetes, heart disease, or lung disease?

Does it stop you from doing the things you enjoy?

Learn what you can do to feel better and take control of your health.

Take Charge!
MANAGING YOUR HEALTH

Chronic or ongoing health problems can be frustrating. They can get in the way of your everyday activities—those things your want or need to do. Controlling symptoms, like pain or fatigue, can be difficult. The costs of doctors' visits and medications can add up. If you have more than one health problem, it can be harder to do things that keep you healthy, like staying fit and watching your weight.

"These health problems weigh you down. It's so easy to give up. The classes teach us what we can do about them."

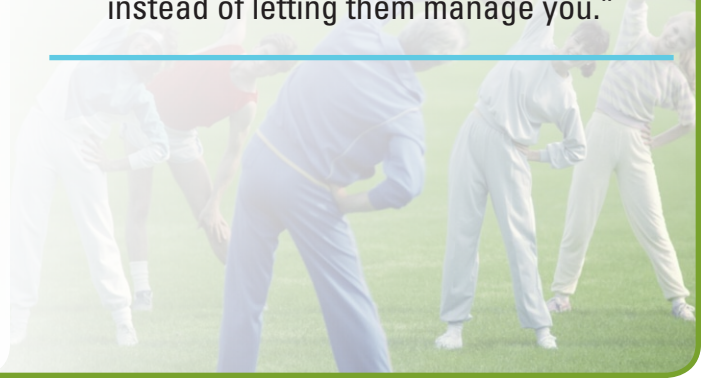
WHAT CAN I DO?

Don't let your health stop you from doing the things you enjoy. Take charge by signing up for a self-management education workshop or physical activity class being offered in your community. They'll help you learn how to manage your health and stay independent. And they don't involve more medications.

HOW CAN THESE CLASSES HELP ME?

- Self-management education workshops and physical activity classes can help with a variety of chronic or ongoing health problems like arthritis, diabetes, heart disease, and lung disease.
- They can help you learn ways to reduce symptoms like pain and fatigue, get around more easily, and do more things on your own.
- Studies show that the classes are safe and they work. The Centers for Disease Control and Prevention recognizes their effectiveness and your doctor recommends them.
- The classes are open to everyone.
- They're affordable, easy to get to, and taught by trained instructors who understand the health problems you face.

"It never dawned on me before that there are other ways I could manage besides medication. The pain and fatigue don't go away. But you learn to manage them, instead of letting them manage you."



WHAT PROGRAMS SHOULD I LOOK FOR?

Here are some self-management education workshops and physical activity classes CDC has found to be effective for helping you manage the symptoms of ongoing health conditions. Ask your doctor which programs are available in your area.

Self-Management Education Workshops

- Arthritis Self-Management Program
- The Arthritis Toolkit/Manejando Mi Artritis
- Better Choices, Better Health™ for Arthritis
- Chronic Disease Self-Management Program
- Programa de Manejo Personal de la Artritis
- Tomando Control de su Salud

Physical Activity Classes

- Active Living Every Day
- Arthritis Foundation Aquatic Program
- Arthritis Foundation Exercise Program
- EnhanceFitness
- Fit & Strong!
- Walk With Ease

DON'T WAIT!

Self-management education and physical activity classes can be helpful at any time. But don't wait until your condition is severe. The sooner you start taking control of your health, the better you'll feel in the long run and the more time and energy you'll have for the things you enjoy.

Take charge of your health. Find the class that's right for you.

"The class helped me focus on a lot of problems I had just accepted as part of aging. This exercise class made me realize I can do something about them."

FIND OUT MORE

For more information on self-management education and physical activity classes, visit these Web sites.

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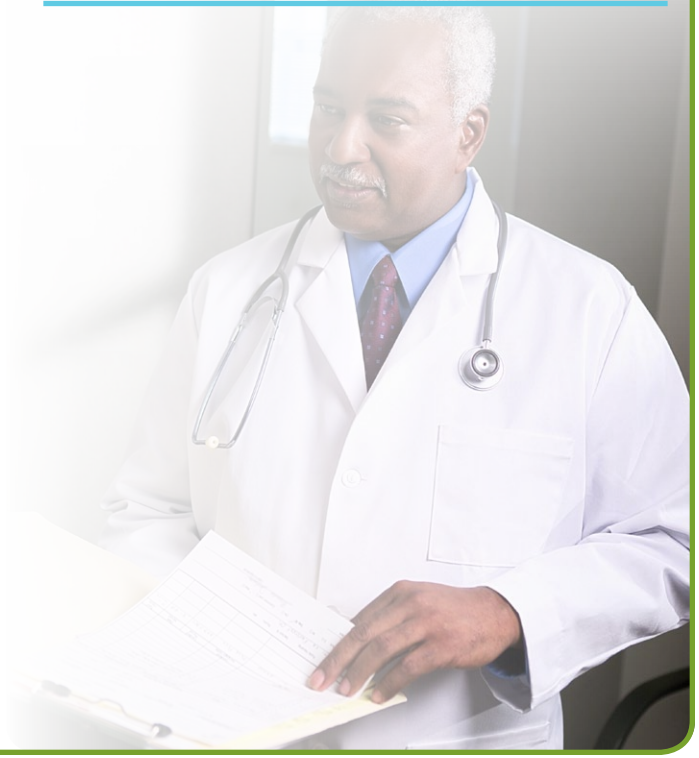

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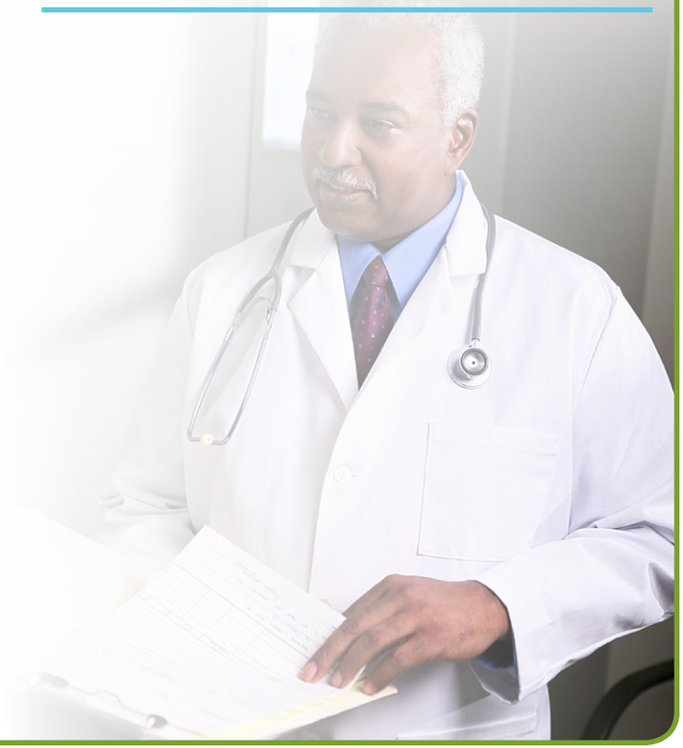

¿Tiene problemas de salud como artritis, diabetes, enfermedades del corazón, o enfermedades de los pulmones?

¿Estos problemas no le permiten hacer las cosas que usted disfruta?

Aprenda que puede hacer para sentirse mejor and tomar control de su salud.

¡Hágase cargo!
TOMANDO CONTROL DE SU SALUD

Los problemas de la salud crónicos o continuos pueden ser frustrantes. Pueden impedirle hacer sus actividades diarias–hacer las cosas que quiere hacer o que tiene que hacer. Controlar los síntomas, como el dolor o el cansancio puede ser difícil. Las citas médicas y medicamentos pueden ser costosas. Si tiene más de un problema de salud, puede ser aún más difícil hacer las cosas que lo mantienen sano, como mantenerse activo y controlar su peso.

"Estos problemas de salud son difíciles de llevar. Es fácil darse por vencido. Las clases nos enseñan que podemos hacer."

¿QUÉ PUEDO HACER?

No deje que su salud le impida hacer las cosas que disfruta. Hágase cargo, inscríbase en un taller educativo para aprender técnicas para cuidar su salud (manejo personal) o en una clase de actividad física en su comunidad. Los talleres le enseñarán como manejar su salud y ser independiente. En las clases y talleres no le darán nuevos medicamentos.

¿CÓMO ME PUEDEN AYUDAR LAS CLASES?

- Los talleres educativos de cuidado de la salud (manejo personal) y clases de actividad física le pueden ayudar con el manejo de enfermedades crónicas de la salud como la artritis, las enfermedades del corazón y las enfermedades de los pulmones.
- Le pueden enseñar diferente maneras de reducir sus síntomas como el dolor y el cansancio, moverse con más facilidad, y hacer más cosas por sí mismo.
- Los estudios demuestran que las clases son seguras y eficaces. Los Centros para el Control y la Prevención de Enfermedades reconocen su eficacidad y su doctor las recomienda.
- Las clases son abiertas a todo el público.
- Las clases son de bajo costo, en un lugar fácil de llegar, y enseñadas por instructores que entienden los problemas de salud que usted tiene.

"Nunca había caído en cuenta que hay otras maneras de cuidado aparte de la medicina. El dolor y el cansancio no se van. Pero uno aprende a manejarlos, en vez de dejar que ellos lo manejen a uno."

¿QUÉ PROGRAMAS DEBO BUSCAR?

Estos son algunos talles educativos de cuidado de la salud (manejo personal) y clases de actividad física que los Centros para el Control y la Prevención de Enfermedades ha determinado efectivos para ayudarle a manejar sus síntomas. Pregúntele a su doctor que programas hay en su área.

Estos programas son en español:

- Manejando Mi Artritis
- Programa de Manejo Personal de la Artritis
- Tomando Control de su Salud

Estos programas son en inglés:

Talleres Educativos de Manejo Personal

- Arthritis Self-Management Program
- Better Choices, Better Health TM for Arthritis
- Chronic Disease Self-Management Program

Clases de Actividad Física

- Active Living Every Day
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Hágase cargo de su salud. Encuentre la clase que sea apropiada para usted.

"Las clases me ayudaron a enfocarme en varios problemas que había aceptado como parte del envejecimiento. Esta clase de ejercicio me hizo caer en cuenta que puedo hacer algo sobre ello."

AVERIGUE MÁS

Para más información sobre clases educativas de cuidado de la salud (manejo personal) y actividad física, visite estos sitios Web:

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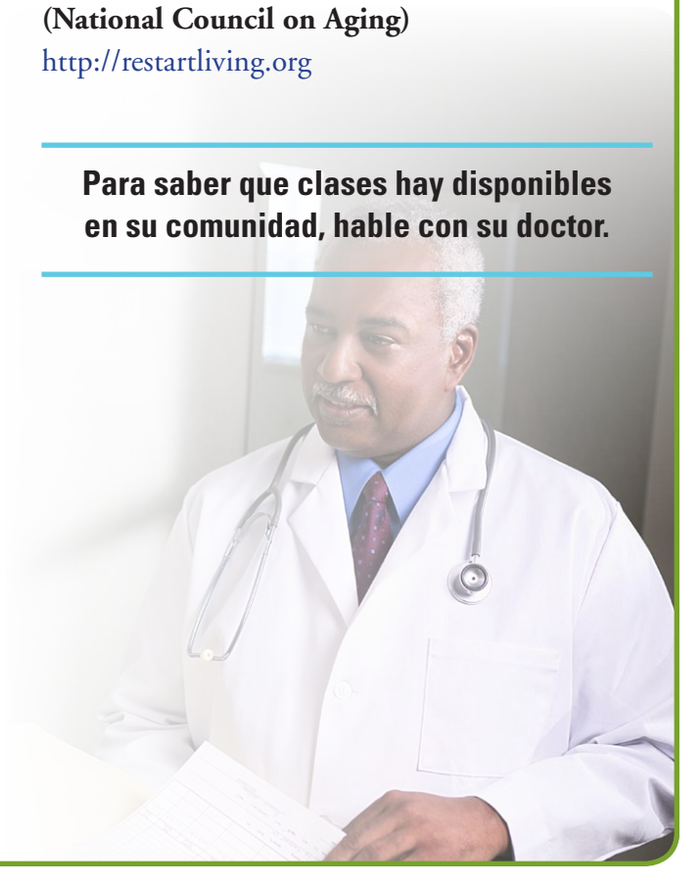

Chronic Disease

Self-Management Programs

Help Your Patients Take Charge

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

Don't let ongoing health problems stop you from doing what you enjoy.

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Take Charge!
MANAGING YOUR HEALTH

Ask your doctor

for more information.

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Chronic Disease

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Name of the Program

What is it?

- Describe the intervention's history or origins, including who developed it.
- Talk about the activities or topics covered.
  - You may need to use sub-bullets to list specific topics or activities.
  - [placeholder for sub-bullet]
  - [placeholder for sub-bullet]
  - [placeholder for sub-bullet]
- Tell how long each class lasts (e.g., 1 hour, 2 hours) and how often classes meet (e.g., once a week for 6 weeks).
- Give the qualifications of the instructors, including trainings and certifications.

Who is it for?

- Describe who the class is designed for—e.g., people who have specific health conditions or certain physical limitations.
- If there are multiple audiences for the class, break up the information into separate bullet points.

What are the benefits?

- Note the specific health benefits experienced by class participants. Focus on outcomes such as changes in:
  - Physical symptoms, like pain or fatigue
  - Psychological symptoms, like depression and anxiety
  - Quality-of-life factors, like independence and confidence in disease self-management
- If available, include other relevant findings like participant satisfaction with the class.

For More Information

- Organization Name
  Web site address
- Organization Name
  Web site address

Contact

Marketer Name, Title
Name of Agency or Organization
Name of Office or Division
Street Address
City, ST 00000
Phone: (###) ###-####
Fax: (###) ###-####
E-mail or Web Address

References

Last Name AB, Last Name CD, Last Name EF, et al. Title of journal article in sentence case. *Title of Journal.* Year;Vol(Issue):Page–Page. PMID: ########.

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Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Author AB, Author CD, Author E, et al. (YYYY)	Type of study Duration Outcomes reported	Number and type of participants	↓ symptom x ↑ symptom y Other outcomes as reported

Title

[Opening sentence describing the type of intervention.]

- [Describe the activities or topics covered.]
- [Describe the activities or topics covered.]
- [Give the length of the class and how often it meets.]
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- [List the health benefits of taking the class such as changes in:
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Look for a class near you. See the back of this flyer for locations and schedules.

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Classes in Your Area

Name of Location
Address
(###) ###-####
[Day/dates of classes]
00:00–00:00 a.m./p.m.
$$ per session/$$ for # sessions

Name of Location
Address
(###) ###-####
[Day/dates of classes]
00:00–00:00 a.m./p.m.
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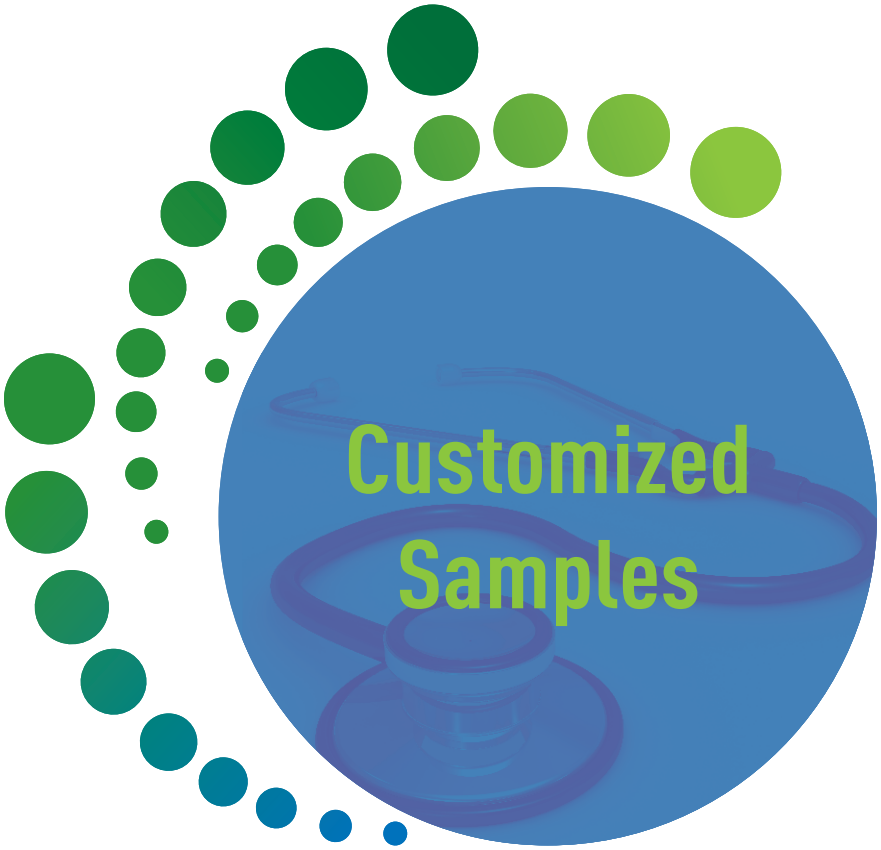

Customized Samples

IN THIS SECTION

- ✓ Introductory Flyer
- ✓ Provider Intervention Fact Sheet—Chronic Disease Self-Management Program
- ✓ Provider Intervention Fact Sheet—The Arthritis Toolkit
- ✓ Class Schedule—Chronic Disease Self-Management Program
- ✓ Class Schedule—The Arthritis Toolkit (English)

Chronic Disease Self-Management Programs

Help Your Patients Take Charge

Give Your Patients the Tools to Take Charge

Recommend a self-management education or physical activity program.

Help your chronic disease patients live happier, healthier lives.

Our organization is working with the Centers for Disease Control and Prevention (CDC) to spread the word about convenient, nonpharmacological interventions for chronic disease that are offered in our community. Studies show these **self-management education workshops** and **physical activity classes** are effective for people with conditions such as arthritis, diabetes, heart disease, and lung disease. They can **reduce symptoms**, give your patients the **confidence to manage their health**, and **improve their quality of life**.

Learn more about how these low-cost management options can complement your treatment recommendations.

We'd like to talk to you and your staff about the workshops and classes available in your area and how they can benefit your patients. To learn more or to schedule a brief visit by one of our staff members, contact:

Florida Department of Health
Jennifer Moore
(123) 555-2222
jmoore@email.gov

Read about self-management education and physical activity interventions the CDC Arthritis Program has evaluated at **www.cdc.gov/arthritis/interventions.htm**.

Chronic Disease Self-Management Program (CDSMP)

Living Well With Chronic Conditions

What is it?

- CDSMP was developed by a team of researchers at Stanford University. It's a self-management education workshop attended by people with a variety of chronic health conditions. It aims to build participants' confidence in managing their health and keep them active and engaged in their lives.
- Participants attend a 2½-hour interactive workshop once a week for 6 weeks to learn problem-solving, decision-making, and other techniques for managing problems common to people with chronic diseases. In a typical workshop, participants set a realistic goal for the upcoming week and develop an action plan for meeting that goal. They report on their progress at the following workshop, and solicit feedback from the group to help address any challenges.
- Participants apply the techniques to concerns such as:
  - Addressing the physical and psychological effects of chronic disease (including fatigue, pain, depression, and frustration)
  - Exercising, getting proper nutrition, and using medications appropriately
  - Communicating effectively with family, friends, and health professionals
- Workshops meet in community settings such as senior centers, churches, and hospitals. They are facilitated by two trained leaders, one or both of whom are nonhealth professionals with a chronic disease. Organizations offering workshops must meet Stanford University licensing requirements.

Who is it for?

- CDSMP is for adults with chronic health conditions such as arthritis, diabetes, heart disease, lung disease, and other ongoing health problems.
- The program may be particularly beneficial for people who have more than one health condition, whose health problems have begun to interfere with their valued life activities, or who have had difficulty following your health recommendations.

What are the benefits?

- There is strong evidence from peer-reviewed publications and program evaluations that participation in CDSMP workshops can improve physical and psychosocial outcomes and quality of life for people with chronic health conditions. Benefits include:
  - Decreased pain and health distress
  - Increased energy and less fatigue
  - Increased physical activity
  - Decreased depression
  - Better communication with physicians
  - Decreased social role limitations
  - Increased confidence in managing chronic disease

For More Information

- Stanford University Patient Education Research Center
  patienteducation.stanford.edu/programs
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/self_manage.htm
- CDC Executive Summary of ASMP/CDSMP Meta-Analyses
  www.cdc.gov/arthritis/docs/asmp-executive-summary.pdf

Contact

Jennifer Moore, Manager
Florida Department of Health
Bureau of Chronic Disease
4052 Bald Cypress Way
Tallahassee, FL 32399
(123) 555-2222
jmoore@email.gov

Selected References

Lorig KR, Sobel DS, Ritter PL, et al. Effect of a self-management program on patients with chronic disease. *Effective Clinical Practice*. 2001;4(6):256–262. PMID: 11769298.

Lorig KR, Ritter P, Stewart AL, et al. Chronic Disease Self-Management Program: 2-year health status and health care utilization outcomes. *Medical Care*. 2001;39(11):1217–1223. PMID: 11606875.

Barlow JH, Wright CC, Turner AP, et al. A 12-month follow-up study of self-management training for people with chronic disease: are changes maintained over time? *British Journal of Health Psychology*. 2005;10(Pt. 4):589–599. PMID: 16238867.

Kennedy A, Reeves D, Power P, et al. The effectiveness and cost effectiveness of a national lay-led self-care support programme for patients with long-term conditions: a pragmatic randomized controlled trial. *Journal of Epidemiology and Community Health*. 2007;61(3):254–261. PMID: 17325405.

Gitlin LN, Chernett NL, Harris LF, et al. Harvest health: translation of the chronic disease self-management program for older African Americans in a senior setting. *The Gerontologist*. 2008;48(5):698–705. PMID: 18981286.

Centers for Disease Control and Prevention. Sorting Through the Evidence for the Arthritis Self-Management Program and the Chronic Disease Self-Management Program: Executive Summary of ASMP/CDSMP Meta-Analyses. May 2011. Accessed at www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf on March 29, 2012.

The Arthritis Toolkit or Manejando Mi Artritis

What is it?

- The Arthritis Toolkit is a self-study package of print and electronic media developed from information covered in the Arthritis Self-Management Program (ASMP), an evidence-based group self-management education intervention. The toolkit is available in Spanish as *Manejando Mi Artritis*.
- The Arthritis Toolkit guides people in developing an individualized approach to managing arthritis using exercise, pain management and relaxation techniques, goal-setting, and problem-solving. Users begin by taking a self-test to determine the impact of arthritis on their daily life. The results of the self-test will direct them to the toolkit sections that meet their needs. They'll use the information in these sections to develop their own arthritis self-management program.
- Toolkit materials include:
  - *The Arthritis Helpbook*, authored by Stanford University's Dr. Kate Lorig, a leading researcher in arthritis self-management interventions
  - Information sheets on topics such as nutrition, exercise, medication use, and communicating with health care providers
  - Relaxation and exercise CDs
- People can order The Arthritis Toolkit from the publisher online, by mail, or by a toll-free phone call. See "How to Order" below. Copies may also be available for loan in local lending libraries.

Who is it for?

- The Arthritis Toolkit is designed for adults who prefer self-study or who are unable to participate in group self-management education classes.
- It may appeal to younger, more educated patients with fewer comorbidities.

What are the benefits?

- A strong evidence base has demonstrated that participating in self-management education programs—like ASMP, on which the Arthritis Toolkit is based—can reduce pain, fatigue, and depression; improve quality of life and physical function; and help people feel more confident in managing their arthritis.
- A large randomized clinical trial funded by the Centers for Disease Control and Prevention (CDC) found that the Arthritis Toolkit self-study package provides benefits similar to other self-management education interventions. At 4 and 9 months after receiving the toolkit, participants reported reduced pain and improved health status, health behaviors, and self-confidence for managing arthritis.
- The Arthritis Toolkit can benefit diverse populations. Findings from the CDC-funded study were similar for those using the Spanish version of the toolkit.

For More Information

- Stanford University Patient Education Research Center
  patienteducation.stanford.edu/materials
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/program_lists.htm

How to Order

Bull Publishing Company
www.bullpub.com/catalog/the-arthritis-toolkit
P.O. Box 1377
Boulder, CO 80306
1-800-676-2855 (toll-free)
303-545-6354 (fax)
Cost: Approximately $50

LeRoy Collins Leon Public Library
www.leoncountylibrary.org
200 West Park Ave.
Tallahassee, FL 32301
(123) 555-3333

Reference

Goeppinger J, Lorig KR, Ritter PL, et al. Mail-delivered arthritis self-management tool kit: a randomized trial and longitudinal followup. *Arthritis and Rheumatism*. 2009;61(7):867–875. PMID: 19565554.

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Goeppinger J, Lorig KR, Ritter PL, et al. (2009)	RCT with longitudinal followup Wait list control, with all participants receiving toolkit after 4 months Self-reported outcomes at 4 and 9 months	921 participants, including Spanish speakers, African-Americans, and other non-Hispanic English speakers	Outcomes sustained at 9 months: ↑ health status ↑ health behavior ↑ health behavior Few differences between English and Spanish speakers

Take Charge! MANAGING YOUR HEALTH

Chronic Disease Self-Management Program (CDSMP)

A series of workshops for people with arthritis, diabetes, heart disease, lung disease, and other health problems.

- Learn ways to control pain and other symptoms, get around better, and stay independent.
- Talk to other people about what helps them deal with their health problems.
- Workshops are 2½ hours long. They meet once a week for 6 weeks.
- They're led by trained instructors who have or understand health problems like yours.
- People who take the workshops:
  - Have more energy and less pain
  - Feel less tired and less depressed
  - Get more exercise
  - Can talk to their doctors more easily
  - Are more confident they can manage their own health

Look for a class near you. See the back of this flyer for locations and schedules.

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Classes in Your Area

Tri-County YMCA

1234 Main St., Kansas City

(123) 555-4444

June 7-July 12

10:00 a.m-12:30 p.m.

$25 for 8 sessions

Junction Community Center

900 Taylor St., Kansas City

(123) 555-5656

June 10-July 15

5:30-8:00 p.m.

$25 for 8 sessions

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The Arthritis Toolkit or Manejando Mi Artritis

A self-study guide for people with arthritis to do at home.

- Learn ways to control pain, exercise safely, stay healthy, and be more independent.
- Work through the program at your own pace and tailor it to your needs.
- Information in the print materials and audio CDs comes from the Arthritis Self-Management Program, a group class for people with arthritis.
- People who use the toolkit:
  - Have less pain
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- The toolkit is available in Spanish as *Manejandro Mi Artritis*.

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How to Order

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P.O. Box 1377
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303-545-6354 (fax)
www.bullpub.com/catalog/the-arthritis-toolkit

Copies of The Arthritis Toolkit are also available on loan from:

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200 West Park Ave.

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Intervention-Specific Materials

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IN THIS SECTION

- Provider Intervention Fact Sheet
- Evidence Summary
- Class Schedule

Active Living Every Day (ALED)

What is it?

- ALED is a group exercise program geared toward encouraging sedentary or insufficiently active people to become and stay physically active. The program was developed by researchers at The Cooper Institute. It is disseminated by Active Living Partners, a division of Human Kinetics.
- Both 14- and 20-week versions of the program are available. Participants meet for hour-long weekly workshops. They learn behavioral skills that can help them overcome barriers to exercise and develop a plan for incorporating physical activity into their daily lives. As a group, they explore topics such as setting goals, creating an action plan, and managing their time.
- Participants use the information discussed in the workshops and accompanying text to make personal decisions about the type, frequency, intensity, and amount of physical activity suitable for them.
- Activities are performed outside of the group setting. Tools and resources to track progress and supplement group sessions are provided online.
- Workshop facilitators complete a 2-day online or in-person training and pass a competency exam before they begin leading classes.

Who is it for?

- ALED is designed for less active people who want to increase their physical activity levels.
- It was originally developed for the general population but has been studied for people with arthritis and other chronic diseases.

What are the benefits?

- In the general community, evidence suggests that ALED can be as effective as a structured exercise program in increasing physical activity levels and improving cardiovascular fitness (including lowering blood pressure). Participants also report feeling less depressed and less stressed.
- Preliminary research on ALED among people with arthritis is positive. Participants have reported increased physical activity and physical function after completing the course, with no safety concerns.
- People with arthritis cited the opportunity to engage in low-impact activities in a step-by-step fashion and the social support of the group setting as important aspects of ALED.

For More Information

- Active Living Partners (Human Kinetics)
  www.activeliving.info
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/physical_activity.htm

Contact

References

Dunn AL, Marcus BH, Kampert JB, et al. Comparison of lifestyle and structured interventions to increase physical activity and cardiorespiratory fitness: a randomized trial. *JAMA*. 1999;281(4):327–334. PMID: 9929085.

Callahan LF, Mielenz T, Schreffler J, et al. A randomized controlled trial (RCT) of Active Living Every Day (ALED) in individuals with arthritis. *Arthritis and Rheumatism*. 2006;54(9 supplement):S816–817.

Callahan LF, Schoster B, Hootman J, et al. Modifications to the Active Living Every Day (ALED) course for adults with arthritis. *Preventing Chronic Disease*. 2007;4(3): A58 PMID: 17572962.

Wilcox S, Dowda M, Leviton LC, et al. Active for Life: final results from the translation of two physical activity programs. *American Journal of Preventive Medicine*. 2008;35(4):340–351. PMID: 18779028.

Active Living Every Day

Active Living Every Day (ALED) is an educational program that offers people strategies for incorporating physical activity into their lifestyle. The program was developed by researchers at The Cooper Institute. In a series of workshops, participants learn behavioral skills—such as goal-setting and time management—that will help them become more physically active. They use the information discussed in the workshops and accompanying text to develop an individualized exercise regimen. Activities are performed outside the group setting.

Selected Studies at a Glance

Author, Year	Design	Participants	Outcomes
Dunn AL, Marcus BH, Kampert JB, et al. (1999)	RCT comparing lifestyle physical activity program with traditional structured exercise program Outcomes assessed at 6 and 24 months	235 sedentary but healthy participants	Outcomes comparable for both groups: ↑ physical activity and cardiorespiratory fitness ↓ systolic and diastolic blood pressure ↓ percentage body fat
Callahan LF, Mielenz T, Schreffler J, et al. (2006)	RCT Outcomes assessed at 20 weeks, 6 months, and 12 months	354 participants with arthritis from urban and rural communities	↑ physical activity levels ↑ aerobic endurance, walking speed, strength ↓ disability No adverse effects reported
Callahan LF, Schoster B, Hootman J, et al. (2007)	Individual telephone interviews with subset of RCT participants Group interview with instructors	30 participants who attended at least 50% of classes	Course components reported particularly helpful: Encouragement to exercise incrementally Social support from other adults with arthritis Both instructors and participants found program appropriate for people with arthritis
Wilcox S, Dowda M, Leviton LC, et al. (2008)	4-year pre-post quasi-experimental design Evaluation of 6-month telephone-based Active Choices and 20-week ALED	2,503 Active Choices participants 3,388 ALED participants Ethnically and economically diverse sample representing range of conditions among older adults	Outcomes for both programs: ↑ moderate-to-vigorous physical activity, total physical activity ↑ satisfaction with body appearance and function ↓ body mass index ↓ depression, stress over time with ALED

Selected References

Dunn AL, Marcus BH, Kampert JB, Garcia ME, Kohl HW 3rd, Blair SN. Comparison of lifestyle and structured interventions to increase physical activity and cardiorespiratory fitness: a randomized trial. *JAMA*. 1999;281(4):327–334. PMID: 9929085.

Callahan LF, Mielenz T, Schreffler J, Donahue K, Hootman JM, Brady T. A randomized controlled trial (RCT) of Active Living Every Day (ALED) in individuals with arthritis. *Arthritis and Rheumatism*. 2006;54 (9):S816–817.

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Wilcox S, Dowda M, Leviton LC, Bartlett-Prescott J, Bazzarre T, Campbell-Voytal K, Carpenter RA, Castro CM, Dowdy D, Dunn AL, Griffin SF, Guerra M, King AC, Ory MG, Rheaume C, Tobnick J, Wegley S. Active for Life: final results from the translation of two physical activity programs. *American Journal of Preventive Medicine*. 2008;35(4): 340–351. PMID: 18779028.

Take Charge! MANAGING YOUR HEALTH

Active Living Every Day (ALED)

A program that encourages less active people to make physical activity part of everyday life.

- Meet for 1 hour in group classes once a week. You don't have to wear workout clothes. You'll do all exercises outside of class.
- Learn how to set goals, deal with challenges, and make an exercise plan that's right for you.
- Follow your plan on your own time, at your own pace, in a step-by-step fashion.
- There are written materials and information online to help you track your progress.
- ALED can help you:
  - Be more active
  - Improve heart health
  - Lower your blood pressure
  - Feel less stressed
  - Control symptoms of ongoing health problems like arthritis

Look for a class near you. See the back of this flyer for locations and schedules.

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Classes in Your Area

Classes in Your Area

Classes in Your Area

Arthritis Foundation Aquatic Program

IN THIS SECTION

- Provider Intervention Fact Sheet
- Class Schedule

Arthritis Foundation Aquatic Program (AFAP)

What is it?

- AFAP is a water exercise program for people with arthritis and related conditions. It was developed jointly by the Arthritis Foundation and the YMCA of the USA.
- AFAP participants meet for 1-hour group classes two or three times per week for 8–12 weeks or on an ongoing basis. Participants engage in stretching, breathing, and light aerobic activities in a warm pool to improve flexibility, joint range of motion, endurance, strength, and well-being.
- Classes are held in community pools and led by health and fitness professionals who have completed an 8–10 hour training session.
- Instructors are trained to accommodate different ability levels.

Who is it for?

- AFAP is designed for adults with arthritis who are able to participate in low-impact exercise and are comfortable in the water.
- Swimming ability is not required.

What are the benefits?

- In randomized controlled trials, AFAP has been found to improve joint range of motion, muscle strength, flexibility, and aerobic fitness.
- AFAP participants have also reported improved physical function and quality of life.
- Adhering to the exercise regimen is important for maximizing benefits. Evidence has shown that AFAP participants who attend at least two classes per week report greater improvements in quality of life, physical function, well-being, and mood.

For More Information

- Arthritis Foundation
  www.arthritis.org/aquatics.php
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/physical_activity.htm

Contact

References

Patrick DL, Ramsey SD, Spencer AC, et al. Economic evaluation of aquatic exercise for persons with osteoarthritis. *Medical Care*. 2001;39(5):413–424. PMID: 11317090.

Belza B, Topolski T, Kinne S, et al. Does adherence make a difference? Results from a community-based aquatic exercise program. *Nursing Research*. 2002;51(5):285–291. PMID: 12352776.

Wang TJ, Belza B, Thompson FE, et al. Effects of aquatic exercise on flexibility, strength and aerobic fitness in adults with osteoarthritis of the hip or knee. *Journal of Advanced Nursing*. 2007;57(2):141–152. PMID: 17214750.

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Patrick DL, Ramsey SD, Spencer AC, et al. (2001)	RCT of 12-week program	249 older adults with doctor-diagnosed osteoarthritis	↑ flexibility, strength, aerobic fitness
Belza B, Topolski T, Kinne S, et al. (2002)	RCT of 20-week program Wait-list control	250 adults with osteoarthritis	↑ physical function, quality of life ↑ positive outcomes when ≥ 2 classes attended
Wang TJ, Belza B, Thompson FE, et al. (2007)	RCT with non-exercise control Outcomes assessed at 6 and 12 weeks	38 adults with osteoarthritis of the hip or knee	↑ knee and hip flexibility ↑ strength and aerobic fitness Adherence rate = 81.7% No exercise-related adverse effects

Arthritis Foundation Aquatic Program (AFAP)

A gentle, warm water exercise program for people with arthritis.

- Activities are tailored to your abilities and skill levels. You don't need to know how to swim.
- Classes are 1 hour long. They meet in local pools two to three times a week for 8–12 weeks or longer.
- You'll do activities like gentle stretching, breathing, and light aerobics.
- AFAP can help you:
  - Move easier and with less pain
  - Feel stronger, fitter, and more flexible
- It's important to stay with the program. Go to at least two classes per week for best results.

Look for a class near you. See the back of this flyer for locations and schedules.

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Classes in Your Area

Classes in Your Area

Classes in Your Area

Arthritis Foundation Exercise Program

IN THIS SECTION

- Provider Intervention Fact Sheet
- Class Schedule

Arthritis Foundation Exercise Program (AFEP)

What is it?

- AFEP—formerly called People with Arthritis Can Exercise (PACE)—is a group recreational exercise program designed by the Arthritis Foundation. The program promotes physical activity as a strategy for managing arthritis symptoms and improving or maintaining mobility, strength, and physical function.
- AFEP classes are an hour long and meet twice a week. Participants can take them in 8–12 week sessions or on an ongoing basis.
- Each class begins with a brief health education session to review topics important for managing arthritis. Participants then engage in a series of range-of-motion, stretching, strength-building, and conditioning exercises; balance and coordination activities; and relaxation and breathing techniques.
- All activities are safe for people with arthritis and can be modified for different skill levels. Depending on participants' physical limitations, the intensity of the exercises can also be adapted, and they can be performed while participants are seated, standing, or lying on the floor.
- Instructors are health or fitness professionals who have completed an 8-hour Arthritis Foundation training workshop.

Who is it for?

- AFEP is designed for people with arthritis who want to safely increase their physical activity levels.
- Participants can range from people who are sedentary and have very limited joint mobility, to those who are relatively active and have only mild joint impairment.

What are the benefits?

- In preliminary evaluations of AFEP, participants experienced symptom relief such as reduced pain and fatigue, less depression, and increased confidence in their ability to manage their arthritis and remain active in their daily lives.
- A randomized, controlled trial of AFEP funded by the Centers for Disease Control and Prevention confirmed these findings, particularly in participants who attend more than half of the class sessions.

For More Information

- Arthritis Foundation
  www.arthritis.org/exercise.php
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/physical_activity.htm

Contact

References

Minor MA, Prost E, Nigh M, et al. Outcomes from the Arthritis Foundation exercise program: a randomized controlled trial. *Arthritis and Rheumatism*. 2007;56:S309.

Callahan LF, Mielenz T, Freberger J, et al. A randomized controlled trial of the People with Arthritis Can Exercise Program: symptoms, function, physical activity, and psychosocial outcomes. *Arthritis and Rheumatism*. 2008;59(1):92–101. PMID: 18163409.

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Minor MA, Prost E, Nigh M, et al. (2007)	RCT comparing 8-week with 16-week PACE Outcomes assessed at 8 and 16 weeks, with followup at 6 months	174 participants with rheumatic disease	Outcomes similar for both groups at 8 weeks: ↓ pain, fatigue ↑ self-efficacy, physical function Improvements in physical symptoms sustained at 6 months
Callahan LF, Mielenz T, Freberger J, et al. (2008)	RCT of 8-week PACE program Outcomes assessed at 8 weeks with followup at 6 months	346 participants with self-reported arthritis	↓ pain, fatigue ↑ self-efficacy, use of upper/lower extremities

Arthritis Foundation Exercise Program (AFEP)

A group exercise class for people with arthritis who want safe ways to stay active, reduce pain, and move more easily.

- Learn from a trained instructor how to deal with challenges like pain that keep you from staying active.
- Find out what types of exercise are right for you, and how much you can do safely.
- Classes are 1 hour long. They meet twice a week for 8–12 weeks or longer.
- You'll practice stretching, breathing, endurance, and balance activities tailored for your ability and skill level.
- AFEP can help you:
  - Control pain
  - Feel less tired
  - Boost your mood
  - Feel more confident about staying active and managing your arthritis
- The more classes you go to, the better you'll feel.

Look for a class near you. See the back of this flyer for locations and schedules.

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Classes in Your Area

Classes in Your Area

Classes in Your Area

Arthritis Self-Management Program

IN THIS SECTION

- Provider Intervention Fact Sheet
- Evidence Summary
- Class Schedule

Arthritis Self-Management Program (ASMP)

What is it?

- Developed by a team of researchers at Stanford University, the Arthritis Self-Management Program (ASMP) is a small group education program. It aims to help people with arthritis adapt to their condition and gain confidence and control over their lives.
- The 6-week course consists of weekly 2–2½ hour interactive workshops in which participants learn and practice techniques for building an arthritis self-management program specific to their needs. Workshops include educational sessions and group discussions to help participants get feedback and suggestions from one another about approaching arthritis-related problems. After each workshop, participants practice suggested approaches on their own and report their progress to the group.
- Topics covered in ASMP include:
  - Managing the physical and psychological effects of arthritis (such as fatigue, pain, and frustration)
  - Exercising and using medications appropriately
  - Communicating effectively with family, friends, and health professionals
  - Maintaining healthy nutrition and sleep habits
  - Making informed treatment decisions
  - Problem-solving to address obstacles specific to arthritis
- Both health professionals and lay people may lead ASMP workshops after completing a 4½-day training. There are two instructors per workshop, at least one of whom has arthritis.

Who is it for?

ASMP is designed for adults with arthritis and their significant others. Patients may be particularly interested in this program when their arthritis has begun to interfere with valued life activities.

What are the benefits?

- In clinical trials, ASMP participants reported improvements in disease symptoms, psychosocial outcomes, and quality of life. These effects may last up to 12 months or more after participation. Benefits include:
  - Reduced fatigue and health distress
  - Ability to exercise more frequently
  - Decreased depression and anxiety
  - Better communication with physicians
  - Increased confidence in managing their arthritis

For More Information

- Stanford University Patient Education Research Center
  patienteducation.stanford.edu/programs
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/self_manage.htm
- CDC Executive Summary of ASMP/CDSMP Meta-Analyses
  www.cdc.gov/arthritis/docs/asmp-executive-summary.pdf

Contact

Selected References

Lorig K, Lubeck D, Kraines RG, et al. Outcomes of self-help education for patients with arthritis. *Arthritis and Rheumatism*. 1985;28(6):680–685. PMID: 4004977.

Lorig K, Mazonson P, Holman HR. Evidence suggesting that health education for self-management in patients with chronic arthritis has sustained health benefits while reducing health care costs. *Arthritis and Rheumatism*. 1993;36(4):439–446. PMID: 8457219.

Lorig K, Ritter PL, Plant K. A disease-specific self-help program compared with a generalized chronic disease self-help program for arthritis patients. *Arthritis and Rheumatism*. 2005;53(6):950–957. PMID: 16342084.

Buszewicz M, Rait G, Griffin M, et al. Self management of arthritis in primary care: randomised controlled trial. *BMJ*. 2006;333(7574):879. PMID: 17040926.

Goeppinger J, Armstrong B, Schwartz T, et al. Self-management education for persons with arthritis: managing comorbidity and eliminating health disparities. *Arthritis and Rheumatism*. 2007;57(6):1081–1088. PMID: 17665471.

Osborne RH, Wilson T, Lorig KR, et al. Does self-management lead to sustainable health benefits in people with arthritis? A 2-year transition study of 452 Australians. *The Journal of Rheumatology*. 2007;34(5):1112–1117. PMID: 17343319.

Barlow J, Turner A, Swaby L, et al. An 8 year follow-up of arthritis self-management programme participants. *Rheumatology*. 2009;48(2):128–133. PMID: 19036778.

Centers for Disease Control and Prevention. Sorting Through the Evidence for the Arthritis Self-Management Program and the Chronic Disease Self-Management Program: Executive Summary of ASMP/CDSMP Meta-Analyses. May 2011. Accessed at www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf on October 26, 2012.

Arthritis Self-Management Program

The Arthritis Self-Management Program is designed to help people with arthritis adapt to their condition and gain confidence and control over their lives. The program, developed at Stanford University, is an interactive workshop series in which participants learn techniques—such as effective problem-solving and communication—to address their specific physical and psychological needs. Workshops include educational sessions and group discussions. Participants are encouraged to practice the techniques they learn on their own.

Selected References

Lorig K, Lubeck D, Kraines RG, Seleznick M, Holman HR. Outcomes of self-help education for patients with arthritis. *Arthritis and Rheumatism.* 1985;28(6):680–685. PMID: 4004977.

Lorig KR, Mazonson PD, Holman HR. Evidence suggesting that health education for self-management in patients with chronic arthritis has sustained health benefits while reducing health care costs. *Arthritis and Rheumatism.* 1993;36(4):439–446. PMID: 8457219.

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Barlow J, Turner A, Swaby L, Gilchrist M, Wright C, Doherty M. An 8 year follow-up of arthritis self-management programme participants. *Rheumatology.* 2009;48(2):128–133. PMID: 19036778.

Centers for Disease Control and Prevention. Sorting Through the Evidence for the Arthritis Self-Management Program and the Chronic Disease Self-Management Program: Executive Summary of ASMP/CDSMP Meta-Analyses. May 2011. Accessed at www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf on October 26, 2012.

Selected Studies at a Glance

Author, Year	Design	Participants	Outcomes
Lorig K, Lubeck D, Kraines RG, et al. (1985)	4-month RCT with 20-month followup	286 participants	Outcomes sustained at 20 months: ↑ knowledge ↑ recommended behaviors ↓ pain
Lorig KR, Mazonson PD, Holman HR. (1993)	4-year followup to RCT	343 participants	Outcomes at 4 years: ↓ pain by 20% ↓ physician visits by 40%
Lorig K, Ritter PL, Plant K. (2005)	Pre-post study comparing ASMP and CDSMP for arthritis Outcomes at 4 months and 1 year	355 participants with arthritis as primary disease	ASMP participants had slightly better quality of life, health behavior, and self-efficacy outcomes at up to 1 year
Osborne RH, Wilson T, Lorig KR, et al. (2007)	Pre-post longitudinal follow-up study Outcomes at 6 months and 2 years	452 participants across Australia	Outcomes at 6 months: ↓ pain, fatigue, health distress ↑ self-efficacy ↑ health behaviors (e.g., exercise) Changes sustained at 2 years
Barlow J, Turner A, Swaby L, et al. (2009)	8-year longitudinal followup to RCT	125 ASMP participants from previous RCT in England	Outcomes sustained at 8 years: ↓ anxiety, depression ↓ pain, fatigue ↑ cognitive symptom management
CDC (2011)	Meta-analysis of 4–6 month and 12-month outcomes	24 studies, RCTs and longitudinal 6,812 participants, mostly of the English-speaking small group delivery mode	Outcomes sustained at 12 months: ↑ self-efficacy ↓ health distress, depression, anxiety ↓ fatigue ↑ cognitive symptom management

Arthritis Self-Management Program (ASMP)

A series of workshops for people with arthritis. Your friends and family can take it, too.

- Learn ways to control pain, stay independent, and feel more in charge of your health.
- Talk to other people about what helps them deal with their arthritis.
- Workshops are 2–2½ hours long. They meet once a week for 6 weeks.
- They're led by trained instructors who have or understand arthritis.
- People who take the workshops:
  - Have less arthritis pain
  - Are less tired and less depressed
  - Get more exercise
  - Can talk to their doctors and families more easily
  - Feel more confident they can manage their own health

Look for a class near you. See the back of this flyer for locations and schedules.

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Classes in Your Area

Classes in Your Area

Classes in Your Area

The Arthritis Toolkit/ Manajando Mi Artritis

IN THIS SECTION

- Provider Intervention Fact Sheet—English
- Class Schedule—English
- Class Schedule—Spanish

The Arthritis Toolkit or Manejando Mi Artritis

What is it?

- The Arthritis Toolkit is a self-study package of print and electronic media developed from information covered in the Arthritis Self-Management Program (ASMP), an evidence-based group self-management education intervention. The toolkit is available in Spanish as *Manejando Mi Artritis*.
- The Arthritis Toolkit guides people in developing an individualized approach to managing arthritis using exercise, pain management and relaxation techniques, goal-setting, and problem-solving. Users begin by taking a self-test to determine the impact of arthritis on their daily life. The results of the self-test will direct them to the toolkit sections that meet their needs. They'll use the information in these sections to develop their own arthritis self-management program.
- Toolkit materials include:
  - *The Arthritis Helpbook*, authored by Stanford University's Dr. Kate Lorig, a leading researcher in arthritis self-management interventions
  - Information sheets on topics such as nutrition, exercise, medication use, and communicating with health care providers
  - Relaxation and exercise CDs
- People can order The Arthritis Toolkit from the publisher online, by mail, or by a toll-free phone call. See "How to Order" below. Copies may also be available for loan in local lending libraries.

Who is it for?

- The Arthritis Toolkit is designed for adults who prefer self-study or who are unable to participate in group self-management education classes.
- It may appeal to younger, more educated patients with fewer comorbidities.

What are the benefits?

- A strong evidence base has demonstrated that participating in self-management education programs—like ASMP, on which the Arthritis Toolkit is based—can reduce pain, fatigue, and depression; improve quality of life and physical function; and help people feel more confident in managing their arthritis.
- A large randomized clinical trial funded by the Centers for Disease Control and Prevention (CDC) found that the Arthritis Toolkit self-study package provides benefits similar to other self-management education interventions. At 4 and 9 months after receiving the toolkit, participants reported reduced pain and improved health status, health behaviors, and self-confidence for managing arthritis.
- The Arthritis Toolkit can benefit diverse populations. Findings from the CDC-funded study were similar for those using the Spanish version of the toolkit.

For More Information

- Stanford University Patient Education Research Center
  patienteducation.stanford.edu/materials
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/program_lists.htm

How to Order

Bull Publishing Company
www.bullpub.com/catalog/the-arthritis-toolkit
P.O. Box 1377
Boulder, CO 80306
1-800-676-2855 (toll-free)
303-545-6354 (fax)
Cost: _____

Reference

Goeppinger J, Lorig KR, Ritter PL, et al. Mail-delivered arthritis self-management tool kit: a randomized trial and longitudinal followup. *Arthritis and Rheumatism*. 2009;61(7):867–875. PMID: 19565554.

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Goeppinger J, Lorig KR, Ritter PL, et al. (2009)	RCT with longitudinal followup Wait list control, with all participants receiving toolkit after 4 months Self-reported outcomes at 4 and 9 months	921 participants, including Spanish speakers, African-Americans, and other non-Hispanic English speakers	Outcomes sustained at 9 months: ↑ health status ↑ health behavior ↑ health behavior Few differences between English and Spanish speakers

The Arthritis Toolkit or Manejando Mi Artritis

A self-study guide for people with arthritis to do at home.

- Learn ways to control pain, exercise safely, stay healthy, and be more independent.
- Work through the program at your own pace and tailor it to your needs.
- Information in the print materials and audio CDs comes from the Arthritis Self-Management Program, a group class for people with arthritis.
- People who use the toolkit:
  - Have less pain
  - Feel less tired and depressed
  - Can function better
  - Are more confident they can manage their arthritis
- The toolkit is available in Spanish as *Manejandro Mi Artritis*.

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¡Hágase cargo! TOMANDO CONTROL DE SU SALUD

Manejando Mi Artritis

Una guía de estudio para las personas con artritis para seguir en su casa.

- Aprenda maneras para controlar su dolor, hacer ejercicio con cuidado, y ser más independiente.
- Siga el programa a su propio ritmo y adáptelo a sus necesidades.
- La información en los folletos y el audio CD son parte del Programa de Manejo Personal de la Artritis, una clase en grupo para las personas con artritis.
- Las personas que han seguido esta guía:
  - Sienten menos dolor
  - Sienten menos cansancio y depresión
  - Se sienten mejor
  - Tienen más confianza en sí mismos para manejar su artritis
  - La guía también está disponible en inglés, *The Arthritis Toolkit*.

Ordene su copia ahora mismo. Vea el otro lado de este volante para ver como hacer su pedido.

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Cómo Ordenar la Guía

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Better Choices, Better Health™ for Arthritis

IN THIS SECTION

- Provider Intervention Fact Sheet
- Class Schedule

Better Choices, Better Health™ (BCBH) for Arthritis

What is it?

- BCBH for Arthritis is the Internet-based version of the Arthritis Self-Management Program (ASMP), an in-person group education program for adults with arthritis developed by researchers at Stanford University. The National Council on Aging and the Arthritis Foundation are partnering to make BCBH for Arthritis available online, with support from the Centers for Disease Control and Prevention.
- BCBH for Arthritis is based on the content of the ASMP workshops. Like ASMP, it aims to help people with arthritis adapt to their condition and gain confidence and control over their lives. It teaches the same skills as ASMP, including:
  - Effective problem-solving
  - Symptom management
  - Goal-setting
  - Communication techniques
- Each online workshop has 20−25 participants. They can log on to the secure Web site at their convenience. Each workshop lasts for 6 weeks, with new information posted each week.
- It takes most people 2 hours per week to complete the activities, such as action plans and sharing experiences through secure online message boards. Web-based tools, such as exercise logs and medication diaries, are also available.
- Peer facilitators are trained to moderate BCBH for Arthritis groups. They assist participants with the course material, offer encouragement, and monitor and post to the message board. There are two facilitators per group, at least one of whom has a chronic condition.

Who is it for?

- BCBH for Arthritis is designed for adults with arthritis who have access to a personal computer and reliable Internet service.
- It may be a convenient alternative for people with arthritis who are unwilling or unable to attend in-person ASMP workshops.

What are the benefits?

- BCBH for Arthritis is an effective alternative to the in-person ASMP.
- A randomized controlled trial found that participants in BCBH for Arthritis had less pain, disability, and health distress; better self-reported health; and more confidence in managing their arthritis. These benefits have been shown to last for up to 1 year.

For More Information

- Better Choices, Better Health™ for Arthritis Web Site
  www.arthritis.org/betterhealth
- Stanford University Patient Education Research Center
  patienteducation.stanford.edu/programs
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/self_manage.htm

Contact

Selected Reference

Lorig KR, Ritter PL, Laurent DD, et al. The internet-based arthritis self-management program: a one-year randomized trial for patients with arthritis or fibromyalgia. *Arthritis and Rheumatism.* 2008;59(7):1009–1017. PMID: 18576310.

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Lorig KR, Ritter PL, Laurent DD, et al. (2008)	RCT with usual care control group Data collected through online questionnaires at 6 and 12 months	855 participants	Outcomes sustained at 12 months: ↓ pain, disability, health distress ↑ self-reported health ↑ self-efficacy

Better Choices, Better Health™ (BCBH) for Arthritis

An Internet-based program for people with arthritis.

- Learn ways to control pain, stay independent, and feel more in charge of your health.
- Share your stories, struggles, and success with other people through secure online message boards.
- The program is 6 weeks long. Log on from your computer at your convenience.
- Trained moderators guide you and offer support.
- People who take the program:
  - Have less arthritis pain
  - Are able to get around and function better
  - Feel better overall
  - Feel more confident they can manage their arthritis

Sign up for the program today at www.arthritis.org/betterhealth.

You'll receive an email when the next workshop is available.

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Chronic Disease Self-Management Program

IN THIS SECTION

- Provider Intervention Fact Sheet
- Evidence Summary
- Class Schedule

Chronic Disease Self-Management Program (CDSMP)

What is it?

- CDSMP was developed by a team of researchers at Stanford University. It's a self-management education workshop attended by people with a variety of chronic health conditions. It aims to build participants' confidence in managing their health and keep them active and engaged in their lives.
- Participants attend a 2½-hour interactive workshop once a week for 6 weeks to learn problem-solving, decision-making, and other techniques for managing problems common to people with chronic diseases. In a typical workshop, participants set a realistic goal for the upcoming week and develop an action plan for meeting that goal. They report on their progress at the following workshop, and solicit feedback from the group to help address any challenges.
- Participants apply the techniques to concerns such as:
  - Addressing the physical and psychological effects of chronic disease (including fatigue, pain, depression, and frustration)
  - Exercising, getting proper nutrition, and using medications appropriately
  - Communicating effectively with family, friends, and health professionals
- Workshops meet in community settings such as senior centers, churches, and hospitals. They are facilitated by two trained leaders, one or both of whom are nonhealth professionals with a chronic disease. Organizations offering workshops must meet Stanford University licensing requirements.

Who is it for?

- CDSMP is for adults with chronic health conditions such as arthritis, diabetes, heart disease, lung disease, and other ongoing health problems.
- The program may be particularly beneficial for people who have more than one health condition, whose health problems have begun to interfere with their valued life activities, or who have had difficulty following your health recommendations.

What are the benefits?

- There is strong evidence from peer-reviewed publications and program evaluations that participation in CDSMP workshops can improve physical and psychosocial outcomes and quality of life for people with chronic health conditions. Benefits include:
  - Decreased pain and health distress
  - Increased energy and less fatigue
  - Increased physical activity
  - Decreased depression
  - Better communication with physicians
  - Decreased social role limitations
  - Increased confidence in managing chronic disease

For More Information

- Stanford University Patient Education Research Center
  patienteducation.stanford.edu/programs
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/self_manage.htm
- CDC Executive Summary of ASMP/CDSMP Meta-Analyses
  www.cdc.gov/arthritis/docs/asmp-executive-summary.pdf

Contact

Selected References

Lorig KR, Sobel DS, Ritter PL, et al. Effect of a self-management program on patients with chronic disease. *Effective Clinical Practice*. 2001;4(6):256–262. PMID: 11769298.

Lorig KR, Ritter P, Stewart AL, et al. Chronic Disease Self-Management Program: 2-year health status and health care utilization outcomes. *Medical Care*. 2001;39(11):1217–1223. PMID: 11606875.

Barlow JH, Wright CC, Turner AP, et al. A 12-month follow-up study of self-management training for people with chronic disease: are changes maintained over time? *British Journal of Health Psychology*. 2005;10(Pt. 4):589–599. PMID: 16238867.

Kennedy A, Reeves D, Power P, et al. The effectiveness and cost effectiveness of a national lay-led self-care support programme for patients with long-term conditions: a pragmatic randomized controlled trial. *Journal of Epidemiology and Community Health*. 2007;61(3):254–261. PMID: 17325405.

Gitlin LN, Chernett NL, Harris LF, et al. Harvest health: translation of the chronic disease self-management program for older African Americans in a senior setting. *The Gerontologist*. 2008;48(5):698–705. PMID: 18981286.

Centers for Disease Control and Prevention. Sorting Through the Evidence for the Arthritis Self-Management Program and the Chronic Disease Self-Management Program: Executive Summary of ASMP/CDSMP Meta-Analyses. May 2011. Accessed at www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf on March 29, 2012.

Chronic Disease Self-Management Program

Developed at Stanford University, the Chronic Disease Self-Management Program is a self-management education intervention that aims to build participants' confidence in managing their health and to keep them active and engaged in their lives. People with chronic health conditions such as arthritis, diabetes, heart disease, and lung disease participate in the program together. Those with multiple chronic conditions may find it especially helpful. In a series of interactive workshops, participants learn techniques—such as problem-solving, decision-making, and goal-setting—for managing problems common to people with chronic diseases.

Selected Studies at a Glance

Author, Year	Design	Participants	Outcomes
Lorig KR, Ritter P, Stewart AL, et al. (2001)	2-year longitudinal followup to RCT	831 participants from community settings in U.S. > 40 years old	↓ ER/outpatient visits ↓ health distress ↑ self-efficacy
Lorig KR, Sobel DS, Ritter PL, et al. (2001)	Before-after cohort study in "real-world" setting Baseline and 12-month outcomes	489 participants	↑ exercise ↑ cognitive symptom management ↑ communication with physician ↑ self-efficacy ↑ health status ↓ ER visits
Barlow JH, Wright CC, Turner AP, et al. (2005)	12-month followup to pre-post study of community-based chronic disease self-management course	171 participants from community settings in England	Sustained outcomes at 4 months: ↑ cognitive symptom management ↑ self-efficacy ↑ communication with physician ↓ fatigue ↓ anxiety and depression ↓ health distress
Kennedy A, Reeves D, Bower P, et al. (2007)	RCT with wait-list control 6-month outcomes	629 participants from community settings in England	↑ energy ↑ self-efficacy ↔ health utilization ↑ quality of life 70% probability of cost-effectiveness
Gitlin LN, Chernett NL, Harris LF, et al. (2008)	Pre-post evaluation of culturally modified CDSMP Baseline and 4-month post-interviews	519 African-American elders	↑ exercise ↑ cognitive symptom management ↑ energy ↑ self-efficacy ↓ health distress ↓ interference in life activities ↔ health utilization
CDC (2011)	Meta-analyses of 4–6 month and 12-month outcomes	23 studies, RCTs and longitudinal 8,688 participants	Outcomes sustained at 12 months: ↑ self-efficacy ↑ cognitive symptom management ↑ aerobic exercise ↓ health distress, depression ↓ social/role limitations ↓ pain, shortness of breath

Selected References

Lorig KR, Ritter P, Stewart AL, Sobel DS, Brown BW Jr, Bandura A, Gonzalez VM, Laurent DD, Holman HR. Chronic Disease Self-Management Program: 2-year health status and health care utilization outcomes. *Medical Care*. 2001;39(11):1217–1223. PMID: 11606875.

Lorig KR, Sobel DS, Ritter PL, Laurent D, Hobbs M. Effect of a self-management program on patients with chronic disease. *Effective Clinical Practice*. 2001;4(6):256–262. PMID: 11769298.

Barlow JH, Wright CC, Turner AP, Bancroft GV. A 12-month follow-up study of self-management training for people with chronic disease: are changes maintained over time? *British Journal of Health Psychology*. 2005;10(Pt.4):589–599. PMID: 16238867.

Kennedy A, Reeves D, Bower P, Lee V, Middleton E, Richardson G, Gardner C, Gately C, Rogers A. The effectiveness and cost effectiveness of a national lay-led self care support programme for patients with long-term conditions: a pragmatic randomised controlled trial. *Journal of Epidemiology and Community Health*. 2007;61(3):254–261. PMID: 17325405.

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Centers for Disease Control and Prevention. Sorting Through the Evidence for the Arthritis Self-Management Program and the Chronic Disease Self-Management Program: Executive Summary of ASMP/CDSMP Meta-Analyses. May 2011. Accessed at www.cdc.gov/arthritis/docs/ASMP-executive-summary.pdf on March 29, 2012.

Take Charge! MANAGING YOUR HEALTH

Chronic Disease Self-Management Program (CDSMP)

A series of workshops for people with arthritis, diabetes, heart disease, lung disease, and other health problems.

- Learn ways to control pain and other symptoms, get around better, and stay independent.
- Talk to other people about what helps them deal with their health problems.
- Workshops are 2½ hours long. They meet once a week for 6 weeks.
- They're led by trained instructors who have or understand health problems like yours.
- People who take the workshops:
  - Have more energy and less pain
  - Feel less tired and less depressed
  - Get more exercise
  - Can talk to their doctors more easily
  - Are more confident they can manage their own health

Look for a class near you. See the back of this flyer for locations and schedules.

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Classes in Your Area

Classes in Your Area

Classes in Your Area

IN THIS SECTION

- Provider Intervention Fact Sheet
- Evidence Summary
- Class Schedule

EnhanceFitness (EF)

What is it?

- Developed at the University of Washington, EF—formerly Lifetime Fitness—is an exercise program that combines cardiovascular and balance exercises, strength training, and stretching to prevent functional decline in older adults.
- Classes are dynamic and interactive. In hour-long sessions conducted three times a week, EF instructors lead small groups through a series of stretches, low-impact aerobics, and strength training activities (using soft ankle and wrist weights).
- All activities can be adapted to participants' fitness levels and tailored to be arthritis appropriate. Participants are encouraged to provide peer support.
- Fitness checks are provided at the beginning of the program and every 4 months thereafter. All exercise equipment is provided by the facility.
- EF instructors are required to hold a nationally recognized fitness instructor certification. They also receive 12 hours of specialized training by an EF master trainer.

Who is it for?

- EF is designed for older adults who want to improve or maintain physical function.
- It is geared toward the general community, as well as people with chronic health conditions such as arthritis.

What are the benefits?

- EF has undergone rigorous program evaluation and clinical study totaling thousands of participants. Proven benefits include improvements in overall fitness, social function, physical function, and depression. These effects have been documented across ethnically and socioeconomically diverse communities.
- Participants report high levels of satisfaction with the program and adherence is strong. Over 99% of participants say they would recommend EF to a friend.
- Cost-benefit analyses have found that older adults who participate in EF cost their insurers less, due primarily to fewer in-patient hospital stays.
- EF has been recognized as a ground-breaking program in preventive health. It has won several local, national, and international awards including the 2005 Annual Innovation in Prevention Award from the U. S. Department of Health and Human Services.

For More Information

- Project Enhance
  www.projectenhance.org
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/physical_activity.htm

Contact

References

Wallace JI, Buchner DM, Grothaus L, et al. Implementation and effectiveness of a community-based health promotion program for older adults. *Journals of Gerontology: Medical Sciences*. 1998;53(4):M301–M306. PMID: 18314570.

Ackermann RT, Cheadle A, Sandhu N, et al. Community exercise program use and changes in healthcare costs for older adults. *American Journal of Preventive Medicine*. 2003;25(3):232–237. PMID: 14507530.

Belza B, Shumway-Cook A, Phelan EA, et al. The effects of a community-based exercise program on function and health in older adults: the EnhanceFitness program. *Journal of Applied Gerontology*. 2006;25:291–306.

Ackermann RT, Williams B, Nguyen HQ, et al. Healthcare cost differences with participation in a community-based group physical activity benefit for Medicare managed care health plan members. *Journal of the American Geriatric Society*. 2008;56(8):1459–1465. PMID: 18637982.

EnhanceFitness

Originally known as Lifetime Fitness, EnhanceFitness is an exercise program that combines cardiovascular, stretching, and balance exercises and strength training. It was developed by researchers at the University of Washington to prevent functional decline in older adults. Classes are dynamic and interactive and are offered on an ongoing basis. Instructors lead participants through a series of stretches, low-impact aerobics, and strength training activities (using soft ankle and wrist weights) that can be adapted to participants' fitness levels. Participants are encouraged to provide peer support.

Selected Studies at a Glance

Author, Year	Design	Participants	Outcomes
Wallace JI, Buchner DM, Grothaus L, et al. (1998)	6-month RCT	100 older adults	Improved physical functioning ↓ depression 85% program completion rate at 6 months
Ackermann RT, Cheadle A, Sandhu N, et al. (2003)	Retrospective matched cohort study Compared estimated healthcare costs and utilization rates of Lifetime Fitness Program participants vs. controls	1,114 program participants aged 65 or older 3 randomly selected matched controls per participant	Adjusted total health care costs for participants were 94.1% of control costs For participants attending > 1 class per week, total adjusted follow-up costs were 79.3% of controls
Belza B, Shumway-Cook A, Phelan EA, et al. (2006)	Outcomes testing of program participants at 4 and 8 months	Older adults enrolled in program	Outcomes sustained at 8 months: ↑ strength, functional mobility ↑ self-rated health
Ackermann RT, Williams B, Nguyen HQ, et al. (2008)	Retrospective cohort study Compared estimated healthcare costs and utilization rates of EnhanceFitness participants vs. controls Outcomes assessed at 1 and 2 years	1,188 older adult participants Matched group of controls	No difference in health care costs in Year 1 Year 2 outcomes: ↓ adjusted total health care costs for participants ↓ in-patient costs for participants

Selected References

Wallace JI, Buchner DM, Grothaus L, Leveille S, Tyll L, LaCroix AZ, Wagner EH. Implementation and effectiveness of a community-based health promotion program for older adults. *Journal of Gerontology: Medical Sciences*. 1998;53(4):M301–M306. PMID: 18314570.

Ackermann RT, Cheadle A, Sandhu N, Madsen L, Wagner EH, LoGerfo JP. Community exercise program use and changes in healthcare costs for older adults. *American Journal of Preventive Medicine*. 2003;25(3):232–237. PMID: 14507530.

Belza B, Shumway-Cook A, Phelan EA, Williams B, Snyder SJ. The effects of a community-based exercise program on function and health in older adults: the EnhanceFitness program. *Journal of Applied Gerontology*. 2006; 25(4):291–306.

Ackermann RT, Williams B, Nguyen HQ, Berke EM, Maciejewski ML, LoGerfo JP. Healthcare cost differences with participation in a community-based group physical activity benefit for Medicare managed care health plan members. *Journal of the American Geriatric Society*. 2008;56(8):1459–1465. PMID: 18637982.

EnhanceFitness (EF)

An award-winning group exercise program for older adults that's fun and interactive.

- EF helps you stay fit and learn how to exercise safely.
- Classes meet three times a week for 1 hour. You can keep taking classes for as long as you'd like.
- You'll do a series of stretches, low-impact aerobics, and strength training. All activities are tailored to your skills and health needs.
- Classes are led by specially trained fitness instructors.
- EF can help you:
  - Be more active and independent
  - Get stronger
  - Have better balance and flexibility
  - Improve your mood
- People who've taken EF say they're very satisfied and would recommend it to a friend.

Look for a class near you. See the back of this flyer for locations and schedules.

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Classes in Your Area

Classes in Your Area

Classes in Your Area

IN THIS SECTION

- Provider Intervention Fact Sheet
- Class Schedule

Fit and Strong!

What is it?

- Fit and Strong! combines strength training, aerobic conditioning, and arthritis self-management education into an 8-week series of classes. Designed by researchers at the University of Illinois at Chicago, the program is aimed at helping participants manage arthritis by boosting physical function and self-confidence, and by providing the tools for making and sustaining beneficial behavioral and lifestyle changes.
- Group sessions are 90 minutes long and meet three times per week for 8 weeks.
  - Participants spend the first 60 minutes of a session on stretching, balance, range of motion, endurance, and resistance exercises focused on the lower extremities. Resistance training involves the use of cuff weights and therabands provided by the facility.
  - Specific exercises—such as sit-to-stand and floor-to-stand progressions and complex walking patterns requiring balance and agility—are meant to translate to daily activities and support participants' independent physical functioning.
  - During the last 30 minutes of a session, participants learn problem-solving and other self-management techniques.
  - Before the end of the program, participants meet one-on-one with the instructor to develop an individualized exercise plan that they can maintain after the last class.
- Fit and Strong! instructors are certified exercise instructors or licensed physical therapists (PTs) who have completed an 8-hour training course.
- Materials such as exercise log books are provided to encourage adherence.

Who is it for?

Fit and Strong! is designed for sedentary older adults with osteoarthritis, particularly those experiencing lower-extremity joint pain and stiffness.

What are the benefits?

- Preliminary studies suggest that Fit and Strong! can safely reduce symptoms of osteoarthritis and encourage participants to stay active. Benefits may last up to 12 months and include:
  - Increased physical activity levels
  - Increased confidence in ability to exercise
  - Reduced pain
  - Reduced joint stiffness
- Experience with Fit and Strong! has been positive. In feedback collected from participant evaluations, 99% reported that they had benefited from the program and 98% would recommend it to a friend.

For More Information

- Fit and Strong! Program Web site
  www.fitandstrong.org
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/physical_activity.htm

Contact

References

Hughes SL, Seymour RB, Campbell R, et al. Impact of the Fit and Strong! intervention on older adults with osteoarthritis. *The Gerontologist*. 2004;44(2):217–228. PMID: 15075418.

Hughes SL, Seymour RB, Campbell RT, et al. Long-term impact of Fit and Strong! on older adults with osteoarthritis. *The Gerontologist*. 2006;46(6):801–814. PMID: 17169935.

Seymour RB, Hughes SL, Campbell RT, et al. Comparison of two methods of conducting the Fit and Strong! program. *Arthritis and Rheumatism*. 2009;61(7):876–884. PMID: 19565560.

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Hughes SL, Seymour RB, Campbell R. et al. (2004)	RCT with wait-list control Outcomes assessed at 2 and 6 months	150 older adults with osteoarthritis in lower extremities	↑ ability to exercise, adherence to exercise ↓ pain and stiffness
Hughes SL, Seymour RB, Campbell RT. et al. (2006)	RCT with wait-list control Outcomes assessed at 2, 6, and 12 months	215 older adults with osteoarthritis in lower extremities	Outcomes sustained at 12 months: ↑ exercise efficacy ↑ self-efficacy over time
Seymour RB, Hughes SL, Campbell RT, et al. (2004)	Two-group comparison of instruction by PTs vs. certified exercise instructors Outcomes assessed at 8 weeks and 6 months	351 participants	Outcomes for both groups: ↑ lower extremity strength, physical function ↑ pain, stiffness Better self-efficacy for exercise in PT-led group

Take Charge! MANAGING YOUR HEALTH

Fit & Strong!

A group exercise program for adults with osteoarthritis in the knees and ankles.

- Practice exercises to help with everyday activities, like getting out of a chair or turning corners when walking.
- Learn ways to deal with your symptoms and other problems related to your arthritis.
- Classes are 90 minutes long and meet three times a week for 8 weeks.
- Class leaders are trained certified exercise instructors or licensed physical therapists.
- Fit & Strong! can help you:
  - Decrease your arthritis pain and stiffness
  - Be more physically active and independent
  - Feel more confident that you can control your arthritis
- Most people who take the class say it helped them and would recommend it to a friend.

Look for a class near you. See the back of this flyer for locations and schedules.

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A group exercise program for adults with osteoarthritis in the knees and ankles.

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Classes in Your Area

Classes in Your Area

Classes in Your Area

Programa de Manejo Personal de la Artritis

IN THIS SECTION

- Provider Intervention Fact Sheet—English
- Class Schedule—English
- Class Schedule—Spanish

Programa de Manejo Personal de la Artritis

What is it?

- Programa de Manejo Personal de la Artritis is a small group education program for Spanish-speaking people with arthritis. It aims to help people adapt to their condition and gain confidence and control over their lives.
- The program was developed in Spanish by researchers at Stanford University. It is based on the English version Arthritis Self-Management Program (ASMP) but tailored to the needs of Spanish speakers. Workshops are conducted in Spanish and cover similar topics as ASMP in a culturally appropriate manner.
- The 6-week course consists of weekly 2–2½ hour interactive workshops. Participants learn and practice techniques for building an arthritis self-management program specific to their needs. Workshops include educational sessions and group discussions so participants can share feedback and suggestions on approaching an arthritis-related problem. After each workshop, participants practice suggested approaches on their own and report their progress to the group.
- Topics covered in the workshops include:
  - Managing the physical and psychological effects of arthritis (such as fatigue, pain, and frustration)
  - Exercising and using medications appropriately
  - Communicating effectively with family, friends, and health professionals
  - Maintaining healthy nutrition and sleep habits
  - Making informed treatment decisions
  - Problem-solving to address obstacles specific to arthritis
- Both health professionals and lay people may lead workshops after completing a 5-day training. There are two instructors per workshop, at least one of whom has arthritis. Instructors are fluent in Spanish and familiar with the needs of Spanish-speaking communities.

Who is it for?

- Programa de Manejo Personal de la Artritis is designed for Spanish-speaking adults with arthritis and their significant others.
- Patients may be particularly interested in the program if arthritis is interfering with valued life activities.

What are the benefits?

- Similar short- and long-term benefits have been demonstrated for participants in Programa de Manejo Personal de la Artritis and ASMP.
- In clinical trials, participants experienced decreased pain, decreased depression, and increased confidence in their ability to manage their arthritis.

For More Information

- Stanford University Patient Education Research Center
  patienteducation.stanford.edu/programs
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/self_manage.htm

Contact

References

Lorig K, González VM, Ritter P. Community-based Spanish language arthritis education program: a randomized trial. *Medical Care*. 1999;37(9):957–963. PMID: 10493473.

Wong AL, Harker JO, Lau VP, et al. Spanish Arthritis Empowerment Program: a dissemination and effectiveness study. *Arthritis and Rheumatism*. 2004; 51(3):332–336. PMID: 15188316.

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Lorig K, González VM, Ritter P (1999)	RCT with longitudinal followup Wait-list control Self-reported outcomes at 4 months and 1 year	331 Spanish-speaking participants	Outcomes sustained at 1 year: ↑ exercise, general health, self-efficacy ↓disability, pain, depression
Wong AL, Harker JO, Lau VP, et al. (2004)	Pre- and post-test evaluation 6-month followup	141 Spanish-speaking participants 55% with sixth grade education or less 60% with no medical insurance	Outcomes sustained at 1 year: ↓ pain ↑ health behavior, self-efficacy Improved general health

Take Charge! MANAGING YOUR HEALTH

Programa de Manejo Personal de la Artritis

A series of workshops in Spanish for people with arthritis. Your friends and family can take it, too.

- Learn ways to control pain, stay independent, and feel more in charge of your health.
- Talk to other people about what helps them deal with their arthritis.
- Workshops are 2–2½ hours long. They meet once a week for 6 weeks.
- They're conducted in Spanish by trained instructors who have or understand arthritis.
- People who take the workshops:
  - Have less arthritis pain
  - Are less tired and less depressed
  - Get more exercise
  - Can talk to their doctors and families more easily
  - Feel more confident they can manage their own health

Look for a class near you. See the back of this flyer for locations and schedules.

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Classes in Your Area

Classes in Your Area

Classes in Your Area

¡Hágase cargo!
TOMANDO CONTROL DE SU SALUD

Programa de Manejo Personal de la Artritis

El programa es una serie de talleres en español para las personas con artritis. Sus amigos y familiares también pueden participar.

- Aprenda maneras de controlar su dolor, ser independiente y sentirse más en control de su salud.
- Hable con otras personas sobre que cosas le ayudan a manejar sus artritis.
- Los talleres duran entre 2 y 2 horas y media. Se reúnen una vez a la semana por 6 semanas.
- Los talleres son en español con instructores quienes tienen o que entienden la artritis.
- Las personas que participan en los talleres:
  - Tienen menos dolor por la artritis
  - Se sienten menos cansados y con menos depresión
  - Hacen más ejercicio
  - Pueden hablar con sus médicos y familias más fácilmente
  - Tienen más confianza en sí mismos para manejar su propia salud

Busque una clase en su comunidad. Vea el otro lado de este volante para ver lugares y horarios.

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TOMANDO CONTROL DE SU SALUD

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El programa es una serie de talleres en español para las personas con artritis. Sus amigos y familiares también pueden participar.

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TOMANDO CONTROL DE SU SALUD

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El programa es una serie de talleres en español para las personas con artritis. Sus amigos y familiares también pueden participar.

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- Hable con otras personas sobre que cosas le ayudan a manejar sus artritis.
- Los talleres duran entre 2 y 2 horas y media. Se reúnen una vez a la semana por 6 semanas.
- Los talleres son en español con instructores quienes tienen o que entienden la artritis.
- Las personas que participan en los talleres:
  - Tienen menos dolor por la artritis
  - Se sienten menos cansados y con menos depresión
  - Hacen más ejercicio
  - Pueden hablar con sus médicos y familias más fácilmente
  - Tienen más confianza en sí mismos para manejar su propia salud

Busque una clase en su comunidad. Vea el otro lado de este volante para ver lugares y horarios.

Clases en su Área

Clases en su Área

Clases en su Área

Tomando Control de su Salud

IN THIS SECTION

- Provider Intervention Fact Sheet—English
- Class Schedule—English
- Class Schedule—Spanish

Tomando Control de su Salud

What is it?

- Tomando Control de su Salud is a self-management education intervention for Spanish-speaking people with a variety of chronic health conditions. It aims to help participants stay active and engaged in their lives and build confidence in managing their health.
- The program was developed in Spanish by a team of Stanford University researchers. It is based on the English version Chronic Disease Self-Management Program (CDSMP). Workshops are conducted in Spanish and cover similar topics as CDSMP in a culturally appropriate manner.
- The 2½–hour interactive workshops meet once a week for 6 weeks. Participants learn problem-solving, decision-making, and other techniques for managing problems common to people with chronic diseases. In a typical workshop, participants set a realistic goal for the upcoming week and develop an action plan. They report their progress at the following workshop, and get feedback and support from the group.
- Participants apply the techniques to concerns such as:
  - Addressing the physical and psychological effects of chronic disease (like fatigue, pain, and frustration)
  - Exercising and using medications appropriately
  - Communicating effectively with family, friends, and health professionals
  - Getting the proper nutrition
- Workshops are facilitated by two trained leaders, one or both of whom are lay people with a chronic disease. Leaders are fluent in Spanish and familiar with the needs of Spanish-speaking communities.

Who is it for?

- Tomando Control de su Salud is for Spanish-speaking adults with chronic health conditions such as arthritis, diabetes, heart disease, and lung disease.
- The program may be particularly beneficial for people who have more than one health condition or whose health problems have begun to interfere with their valued life activities.

What are the benefits?

- Research on Tomando Control de su Salud has produced findings similar to the English CDSMP.
- There is strong evidence from published clinical trials that participation in the programs can improve physical and psychosocial outcomes and quality of life for people with chronic health conditions. Benefits include:
  - Decreased pain and health distress
  - More physical activity
  - Better communication with physicians
  - Fewer social role limitations
  - Increased confidence to manage arthritis
  - Better self-rated health

For More Information

- Stanford University Patient Education Research Center
  patienteducation.stanford.edu/programs
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/self_manage.htm

Contact

References

Lorig KR, Ritter PL, González VM. Hispanic chronic disease self-management: a randomized community-based outcome trial. *Nursing Research*. 2003;52(6):361–369. PMID: 14639082.

Lorig KR, Ritter PL, Jacquez A. Outcomes of border health Spanish/English chronic disease self-management programs. *The Diabetes Educator*. 2005;31(3):401–409. PMID: 15919640.

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Lorig KR, Ritter PL, González VM (2003)	RCT with longitudinal followup Wait-list control Outcomes at 4 months and 1 year	551 Spanish-speaking participants	Outcomes sustained at 1 year: ↑ health status, health behavior, self-efficacy ↓emergency room visits
Lorig KR, Ritter PL, Jacquez A (2005)	Pre- and post-test evaluation of CDSMP and Tomando Outcomes at 4 months and 1 year	455 Spanish speakers along Texas/New Mexico/Mexico border	Outcomes sustained at 1 year: ↑ health status, health behavior, self-efficacy

Tomando Control de su Salud

Workshops in Spanish for people with arthritis, diabetes, heart disease, lung disease, and other health problems.

- Learn ways to control pain and other symptoms, get around better, and stay independent.
- Talk to other people about what helps them deal with their health problems.
- Workshops are 2½ hours long. They meet once a week for 6 weeks.
- They're conducted in Spanish by trained instructors who have or understand health problems like yours.
- People who take the workshops:
  - Have more energy and less pain
  - Feel less tired and less depressed
  - Get more exercise
  - Can talk to their doctors more easily
  - Are more confident they can manage their own health

Look for a class near you. See the back of this flyer for locations and schedules.

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Classes in Your Area

Classes in Your Area

Classes in Your Area

¡Hágase cargo!
TOMANDO CONTROL DE SU SALUD

Tomando Control de su Salud

Talleres en español para personas con artritis, diabetes, enfermedades del corazón, enfermedades de los pulmones y otros problemas de la salud.

Aprenda maneras para controlar su dolor y otros síntomas, moverse con más facilidad, y ser independiente.

- Hable con otras personas sobre que cosas le ayudan a manejar sus problemas de salud.
- Los talleres duran 2 horas y media. Se reúnen una vez a la semana por 6 semanas.
- Los talleres son en español con instructores, quienes tienen o que entienden sus problemas de salud.
- Las personas que participan en los talleres:
  - Tienen más energía y menos dolor
  - Se sienten menos cansados y con menos depresión
  - Hacen más ejercicio
  - Pueden hablar con sus médicos más fácilmente
  - Tienen más confianza en sí mismos para manejar su propia salud

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Clases en su Área

Clases en su Área

Clases en su Área

IN THIS SECTION

- Provider Intervention Fact Sheet
- Class Schedule

Walk With Ease (WWE)

What is it?

- The Arthritis Foundation developed WWE as a group walking program to encourage people with arthritis to start walking and stay motivated to keep active. A self-directed version of the program is also available, using the workbook and materials from the group classes.
- During the 6-week program, participants meet three times a week in groups of up to 15. They begin each class with a health education session on an arthritis- or exercise-related topic, followed by stretching activities and a 10–35 minute walk. Participants receive WWE educational materials and tools to supplement the group classes.
- Online support is also available and includes video instruction, a message board, and an automated e-mail service alerting participants when milestones are reached.
- Class discussion and supplemental materials cover topics such as:
  - Managing arthritis pain and stiffness
  - Stretching and strengthening activities to support the walking program
  - Self-monitoring for physical problems while walking
  - Anticipating and overcoming barriers to being physically active
  - Getting and staying motivated to exercise
- WWE leaders supervise each discussion and walking session. Leaders must complete a 3–4 hour training workshop.

Who is it for?

- WWE is for people with arthritis who want to increase their physical activity levels and are able to be on their feet for at least 10 minutes without increased pain.
- The program may also be appropriate for people with other chronic health conditions—such as diabetes and heart disease—who want to be more active.

What are the benefits?

- A CDC-funded randomized clinical trial found that both the group and self-directed versions of WWE can:
  - Reduce arthritis symptoms such as pain, stiffness, and fatigue
  - Improve strength, balance, and walking pace
  - Reduce disability
  - Increase confidence in the ability to manage arthritis

For More Information

- Arthritis Foundation
  www.arthritis.org/walk-with-ease.php
- Centers for Disease Control and Prevention
  www.cdc.gov/arthritis/interventions/program_lists.htm

Contact

Reference

Callahan LF, Shreffler J, Altpeter M, et al. Evaluation of group and self-directed formats of the Arthritis Foundation's Walk With Ease Program. *Arthritis Care & Research*. 2011;63(8):1098–1107. PMID: 21560255.

Summary of the Evidence

Author, Year	Design	Participants	Outcomes
Callahan LF, Shreffler J, Altpeter M, et al. (2011)	Quasi-experimental pretest-posttest evaluation of group and self-directed formats Performance and self-reported outcomes at baseline and 6 weeks Self-reported outcomes at 1 year	468 participants from urban and rural communities	No difference in group vs. self-directed formats at 6 weeks: ↓ pain, stiffness, fatigue ↓ disability ↑ strength, balance, walking pace ↑ confidence in ability to manage arthritis More benefits sustained at 1 year with self-directed format

Walk With Ease

A walking program for people with arthritis and other ongoing health problems.

- Learn how to get started walking safely and stick with it.
- Classes meet in small groups 3 times a week for 6 weeks.
- Classes start with a health education session, followed by stretching and 10−35 minute walk.
- You can also do the activities and exercises on your own using the class materials.
- Walk With Ease can help you:
  - Decrease arthritis pain and stiffness
  - Feel less tired
  - Increase your stamina, strength, and balance
  - Be more active and independent
  - Feel more confident that you can control your arthritis

Look for a class near you. See the back of this flyer for locations and schedules.

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Look for a class near you. See the back of this flyer for locations and schedules.

Classes in Your Area

Classes in Your Area

Classes in Your Area

Appendix E

Evaluation Tools

IN THIS APPENDIX

How Did You Hear? Form—English (*How Did You Hear About Us?*)
How Did You Hear? Form—Spanish (*¿Cómo Se Enteró De Nosotros?*)
How Did You Hear? Data Entry Spreadsheet
How Did You Hear? Data Entry Spreadsheet (*completed sample*)
Evaluation Summary Report Outline

How Did You Hear About Us?

Class Name _____

Start Date _____

Location _____

How did you hear about this class? Check all that apply.

1. ☐ A friend, family member, or coworker.
2. ☐ Someone who took the class before.
3. ☐ Someone who teaches this or other community classes.
4. ☐ A doctor's office of any kind, like a medical practice, HMO, hospital, or community clinic.

IF YOU CHECKED DOCTOR'S OFFICE, GO TO NEXT QUESTION.

5. ☐ A community or church/synagogue leader.
6. ☐ A brochure, flyer, poster, or other printed material **NOT** from a doctor's office.
7. ☐ A story or ad on radio or TV, or in a newspaper.
8. ☐ A Web site.
9. ☐ Don't know or don't remember.
10. ☐ Other source. **SPECIFY:** _____

4a. What's the name of the doctor or clinic?

_____

4b. Who in the doctor's office told you about the class? Check only one answer.

1. ☐ Doctor.
2. ☐ Other clinical staff, like a nurse or physician's assistant.
3. ☐ Front desk or administrative staff.
4. ☐ Someone in the waiting room.
5. ☐ Other staff.
6. ☐ No person—just a brochure, flyer, or poster.

LOGO HERE

¿Cómo Se Enteró De Nosotros?

Class Name _____

Start Date _____

Location _____

¿Cómo se enteró de ésta clase? Puede elegir más de una respuesta.

1. ☐ Un amigo, un familiar, o un compañero de trabajo.
2. ☐ Alguien que tomó esta clase.
3. ☐ Alguien que enseña esta clase u otras clases en la comunidad.
4. ☐ En la oficina del médico de cualquier especialidad, a través del seguro de salud, en el hospital, o en la clínica comunitaria.

SI USTED ELIGIÓ LA OFICINA DEL DOCTOR CONTESTE ESTAS PREGUNTAS

5. ☐ Un líder de la comunidad, de la iglesia o de la sinagoga.
6. ☐ Un folleto, volante o afiche, u otro material impreso **NO** de la oficina del doctor.
7. ☐ Una historia o un anuncio en la radio o en la televisión, o en el Periódico.
8. ☐ Un sitio web.
9. ☐ No sé o no me acuerdo.
10. ☐ Otra fuente de información.

CUAL: _____

4a. ¿Cuál es el nombre del doctor o de la clínica?

_____

4b. ¿Quién en la oficina del doctor le dijo sobre la clase? Elija solo una respuesta.

1. ☐ Doctor.
2. ☐ Otros miembros del personal clínico, como una enfermera o Asistente Médico (PA).
3. ☐ Recepcionista o personal administrative.
4. ☐ Alguien en la sala de espera.
5. ☐ Otro miembro del personal.
6. ☐ Nadie en persona—solo un folleto, volante o afiche.

LOGO HERE

How Did You Hear? Data Entry Spreadsheet

Participant # or ID	Main Question: How did you hear about this class?											Response 4a Followup: Name of Practice	Targeted/ Not Targeted			Response 4b Followup: Who told you about the class?					
	1	2	3	4	5	6	7	8	9	10	10 Specify		T	NT	UNK	1	2	3	4	5	6
	Friend, family, co-worker	Someone who took class	Someone who teaches class	Doctor's office	Community leader or spokesperson	Brochure, flyer, poster	Radio, TV, newspaper	Web site	Don't know/ remember	Other source	Type answer from questionnaire, if provided	Type name of practice from questionnaire, if provided.	Targeted practice	Not a targeted practice	Unknown	Doctor	Other clinical staff	Front desk, admin staff	Someone in waiting room	Other staff	Brochure, flyer, poster
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					

TOTALS																				
	1	2	3	4	5	6	7	8	9	10	ALL RESPONSES		T	NT	UNK	1	2	3	4	5	6

See Instructions tab for tips on filling out this spreadsheet and inserting formulas to calculate sums.

Tips for Completing the How Did You Hear? Data Entry Spreadsheet

Use this spreadsheet to compile class participant answers to the How Did You Hear? questions.

1. Assign each participant an identification number. Enter it into the "Participant # or ID" column. The cells are prefilled with the numbers 1 through 10 as examples. You can add rows as needed to the data entry table using the Microsoft Excel Insert function.

2. Record participant answers to each How Did You Hear? question in the corresponding cells on the data entry spreadsheet.

   a. To record answers to the Main Question and Response 4b Followup, enter an "X" in the column that represents each answer given on the participant's How Did You Hear? Form. NOTE: Participants may answer the Main Questsion by checking multiple responses; however, they should check only one response to Response 4b Followup.

   b. For Response 10 to the Main Question and for Response 4a Followup, participants are asked to write in answers. Type the answer written on the participant's How Did You Hear? Form. If no answer was given, leave the cell blank.

   c. For each answer to Response 4a Followup, note whether it is a targeted practice (i.e. one that received contact to market this intervention), if you know.

3. When you have entered all participant data, tally the totals for each of the Main Question, Targeted/Not Targeted, and Response 4b columns. One way to do this is to use the COUNTA function. This function counts up all the cells within a specified range that are filled with any character. Let's say you have recorded answers for 10 participants. To count the total number of times participants checked "friend, family, co-worker" as a response, you would:

   a. Place your cursor in the empty cell in the "TOTALS" row (Column B, Row 16, in this example).

   b. Enter "=COUNTA(B4:B13)" into the function box to cover the range of entries you want to count by column and row. NOTE: In this example, that range is "B4:B13" because responses to "friend, family, co-worker" are marked in Column B. The first participant's data was entered in Column B, Row 4, and the last participant's data was entered in Column B, Row 13. As you add participants, the row number will get larger.

   c. Press the Enter key to see the calculation.

   d. Repeat this process to count up the responses in Columns C through K, Columns N through P, and Columns Q through Z.

4. When answering the Main Question, participants are allowed to check off more than one response. One way to tally the total number of responses checked is to use the SUM function. To do this, you would:

   a. Place your cursor in the "TOTALS" cell above "All Responses" (Column L, Row 16, in this example).

   b. Enter "=SUM(B16:K16)" into the function box to add up the totals for Responses 1 through 10. NOTE: In this example, that range is "B16:K16" because your totals for each response are recorded in Row 16, starting in Column B and ending in Column K. As you add participants, the row number will get larger.

   c. Press the Enter key to see the calculation.

How Did You Hear? Data Entry Spreadsheet

Participant # or ID	Main Question: How did you hear about this class?											Response 4a Followup: Name of Practice	Targeted/ Not Targeted			Response 4b Followup: Who told you about the class?					
	1	2	3	4	5	6	7	8	9	10	10 Specify		T	NT	UNK	1	2	3	4	5	6
	Friend, family, co-worker	Someone who took class	Someone who teaches class	Doctor's office	Community leader or spokesperson	Brochure, flyer, poster	Radio, TV, newspaper	Web site	Don't know/ remember	Other source	Type answer from questionnaire, if provided	Type name of practice from questionnaire, if provided.	Targeted practice	Not a targeted practice	Unknown	Doctor	Other clinical staff	Front desk, admin staff	Someone in waiting room	Other staff	Brochure, flyer, poster
1	x			x								Jane at Anytown	x				x				
2	x	x										Jane at Anytown	x				x				
3				x																	
4			x			x															
5	x	x																			
6					x	x															
7				x								Dr. Green at Anytown	x			x					
8	x																				
9									x												
10				x								Saw flyer at Tri-County Clinic		x		x					
TOTALS	4	2	1	4	1	2	0	0	1	0	15		3	1	0	2	2	0	0	0	1
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**ALL RESPONSES**		**T**	**NT**	**UNK**	**1**	**2**	**3**	**4**	**5**	**6**

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   c. Press the Enter key to see the calculation.

Evaluation Summary Report

[Your Organization and Program Name]

Reporting Period:

Outreach Strategy

[List the interventions you promoted, the practices and geographic areas you targeted, and your criteria for selecting them. You can use the criteria from your marketing and promotion plan.]

Outreach Activities and Level of Effort

[Specify how many people were on your marketing team and briefly describe their roles and responsibilities.]

[Calculate the total average number of contacts your staff made per targeted practice. You can do this by tallying the total number of contacts your staff made across all practices and dividing by the number of practices you targeted. You might report both overall figures, as well as separate averages for practices that both received and did not receive an outreach visit from one of your marketers.]

[Show the number and percentage of contacts by contact type. You can use the table shell below.]

Number and Percentage of Contacts by Type of Contact

Contact Type	Number of Contacts	Percentage of Total Contacts
Phone		
E-mail		
Mail		
Drop off		
Other		
Outreach visit		
TOTAL		

[Give your observations about factors that contributed to outreach success—i.e., completing an outreach visit with a practice. For example, these factors could include the expertise, training, or mix of your marketing staff; the contact types you used; or characteristics of the practice or primary care provider.]

General Assessment

[Use the How Did You Hear? data to demonstrate how participants heard about the classes—in general, and within medical settings—and to tally the number of recommendations you secured from targeted practices. You can use the table shells below.

How Participants Heard About the Class

Source	Number of Respondents	Percentage of Total Respondents
Friend, family member, coworker		
Previous class participant		
Class instructor		
Medical practice		
Community or faith leader		
Brochure, flyer, poster (outside medical practice)		
Radio, TV, newspaper		
Web site		
Unknown		
Other		
TOTAL		

Sources of Awareness Within Medical Settings

Source	Number of Respondents	Percentage of Total Respondents	Number From Targeted Practices
Physician			
Other clinical staff			
Front desk, administrative staff			
Person in waiting room			
Other staff			
Brochure, flyer, poster			
TOTAL			

[Give the total number of recommendations your outreach efforts generated. This information may come from the How Did You Hear? Form and Data Entry Spreadsheet, and/or the Provider Outreach Tracking Spreadsheet.]

Describe the strategies you believe helped produce recommendations. Provide your observations about factors that may encourage a patient to take a class after receiving a recommendation.]

Conclusions and Lessons Learned

[List the benefits and challenges of your outreach efforts, what you observe to be the overall effectiveness of your efforts—in both getting outreach visits completed and garnering provider recommendations. Note what you plan to do differently in the future to improve your success.]