



Request for Applications:

Walk with Ease Expansion Mini Grants

Email of Intent due: December 16, 2016 at 11:59 PM ET

Applications due: January 20, 2017 at 11:59 PM ET

Background:

Osteoarthritis (OA), the most common form of arthritis, is a leading cause of disability and is an under-recognized public health crisis. Currently, more than 27 million adults of all ages, races, and ethnicities have OA. This large number of people with OA is increasing dramatically, due to two important OA risk factors: the aging of 78.2 million Baby Boomers and the obesity epidemic. Thus, it is critically important to reduce disability by preventing the progression of OA and related losses in physical function and overall wellbeing.

In response to this quickly growing public health issue, the Centers for Disease Control and Prevention (CDC) and the Arthritis Foundation (AF) published *A National Public Health Agenda for Osteoarthritis (OA Agenda)* in 2010 to serve as a “blueprint for action” to recommend crucial strategies to reduce the burden of OA in the US. These strategies include: the promotion of evidence-based (EB) intervention approaches, and the development of supportive policies, communication initiatives, and strategic alliances for OA prevention and management. To advance the goals of the Agenda, the Osteoarthritis Action Alliance (OAAA) was formed in 2011 by the AF and CDC, creating a coalition of concerned organizations committed to addressing the impact of OA. The following year, the OAAA developed the *Environmental and Policy Strategies to Increase Physical Activity Among Adults with Arthritis* and an online Implementation Guide to promote approaches from the Agenda. Since the transfer in 2014 of OAAA activities from the AF to the Thurston Arthritis Research Center (TARC) at the University of North Carolina (UNC) School of Medicine, the coalition has grown from 30 to 90 member organizations and has made remarkable progress in advancing key components of the Agenda, such as implementing physical activity programs in communities via a Small Grants program. For more information about the OAAA, go to: <http://oaaction.unc.edu/>.

Although no cures for OA exist, a few effective treatments for disease management are available. The principal strategies for successfully mitigating the impact of OA include: 1) weight management and injury prevention to prevent the onset of OA, and 2) physical activity and self-management education for those with OA to improve symptom management and physical function.¹ Despite the well-known benefits of arthritis-appropriate evidence-based interventions (AAEBIs), wide-spread integration of these necessary programs into key sectors (e.g., communities, businesses, health care) has been insufficient. Improved dissemination of AAEBIs could help in curbing the dramatically increasing prevalence, health impact, and economic consequences of OA.

The Arthritis Foundation’s *Walk with Ease (WWE)* is one such evidence-based program designed to help adults with arthritis.² *WWE* is designed to be delivered in two formats over a six-week period: instructor-led group or individual self-directed. Both formats include a *WWE* step-by-step Workbook that includes: motivational tools, and strategies to set and monitor realistic goals for improving fitness, tips for arthritis symptom management, and appropriate stretching and strengthening exercises to protect joints and minimize pain. Leaders who offer the instructor-led group format are required to become certified as *WWE* trainers and in CPR.

A community trial testing the *WWE* program demonstrated modest improvement of symptoms and function after a 6-week intervention, regardless of format of delivery – instructional group or self-directed.² Benefits were more likely to be maintained over time in self-directed walkers. The *WWE* program appears to decrease disability and improve arthritis symptoms, self-efficacy and perceived control, balance, strength, and walking pace in individuals with self-reported arthritis, regardless of whether they are taking an instructor-led group class or doing the program on their own as self-directed walkers. At one year after completing *WWE*, both self-directed and group participants maintained some benefits. However, self-directed participants were more likely to continue walking and retained improvement in more self-reported physical function, symptoms, and psychosocial outcomes. *WWE* is thus a safe, easy, and inexpensive program for community-based physical activity delivery.

References

1. Lubar D, White PH, Callahan LF, Chang RW, Helmick CG, Lappin DR, et al. A National Public Health Agenda for Osteoarthritis 2010. *Semin Arthritis Rheum* 2010;39(5):323-6.
2. Callahan, L., Shreffler, J., Altpeter, M., Schoster, B., Hootman, J., Houenou, L., Martin, K., & Schwartz, T. (2011). Evaluation of Group and Self-Directed Formats of the Arthritis Foundation's (AF) Walk with Ease (WWE) Program, *Arthritis Care & Research*, 63(8): 1098–1107. doi: 10.1002/acr.20490.

For more information about *WWE*, go to:

- Arthritis Foundation: <http://www.arthritis.org/living-with-arthritis/tools-resources/walk-with-ease/>
- CDC Arthritis Program: http://www.cdc.gov/arthritis/marketing-support/1-2-3-approach/docs/pdf/provider_fact_sheet_wwe.pdf

Purpose and Goal of Request for Application:

The OA Action Alliance (OAAA) is soliciting applications from current and former Administration for Community Living evidence-based health promotion program initiative grantees, organizations delivering programming through the Evidence-Based Leadership Council (EBLC), and other well-established evidence-based health promotion program provider groups to expand the availability and reach of the self-directed and group-directed *Walk with Ease (WWE)* program. Each year for the five years of this CDC-funded grant project, we will conduct a mini-grant initiative for community entities to strategically leverage collaborations, existing resources, and current programmatic efforts in order to expand the dissemination and delivery of *WWE* programs. Our intent is to extend *WWE* by reaching a *minimum* of 25 states that will embed the delivery of the programs and develop models for sustainability and ongoing funding.

Funding:

The OA Action Alliance will fund up to 8 awards for up to \$7,000 each, for a project period of up to one year. Funds may be used for instructor training fees, purchase of workbooks, printing of marketing materials (e.g., brochures, posters) and for administrative costs (staff support) in managing the mini-grant project. Funds may **not** be used for instructor stipends, construction costs, equipment, food, lobbying activities, providing clinical care, or reimbursing pre-award costs. Indirect costs are not allowed in this program. Please note there is no licensure fee for *Walk With Ease*. There are, however, costs for participating in the *Walk With Ease* leader training and for purchasing of Workbooks. See this Arthritis Foundation website for more information about these expenses: <http://www.arthritis.org/living-with-arthritis/tools-resources/walk-with-ease/about.php>. Expenditures should be spent within 12 months; any requests for carryover will require CDC approval and is not guaranteed. OA Action Alliance staff will work closely with you during the grant period to monitor progress and provide guidance as necessary.

Eligibility Criteria:

OA Action Alliance funds will not be awarded to individuals; rather, funds will be made to employing entities, including community organizations, state/local/tribal health departments, 501(c)(3) nonprofit organizations, professional organizations, colleges, universities, and private corporations—each of which will be represented by the signatory authority (name and title) for that entity (e.g., a Dean of a College within a university, a chief executive or financial officer, or a president). Entities may only apply for one award. Entities that are not based in the United States may be awarded grants as long as the primary service area for work performed under the grant is located in the United States.

Criteria for reviewing applications is provided under the section titled **Review Process**.

Guidelines for Scope of Proposed Project:

- Timeframe to complete grant activities: up to 12 months, March 1, 2017 and ending February 28, 2018. Given this timeframe, applicants must provide evidence demonstrating that they have a pool of eligible participants, instructors who can be quickly trained to offer the instructor-led format of *WWE*, and new and/or existing implementation sites ready to be mobilized to administer the program. **All grantees must offer the instructor-led format of *WWE*; also offering the self-directed format is optional, but encouraged.**
- The proposed project must also include:
 - Description of an implementation plan identifying the number of settings where *WWE* will be offered and the number of participants who will be reached.
 - Collaboration with at least one community partner (in addition to the OA Action Alliance) that is currently unable to offer evidence-based programs, but is interested in making these programs available to their constituents. This collaboration may be considered a mentorship; helping increase the capacity of small, rural agencies with limited resources.
- To demonstrate progress towards achieving the goal of this mini-grant initiative, we will be monitoring program measures, drawn from the RE-AIM framework that include:
 - participant demographics (age, race/ethnicity, gender, education level, physical/cognitive challenges) and self-reported health status (chronic conditions)
 - how participant heard of the program
 - the availability of *WWE* (group, self-directed) for adults with arthritis
 - *WWE* participation rates (group, self-directed); completion data for the instructor-led group format of *WWE*
 - number of new *WWE* implementation sites serving people with OA
 - the geographic locations of delivery sites
- **Note:** Adoption/implementation of *Chronic Disease Self-Management Program (CDSMP)* is not a pre-requisite for funding under this mini-grant program. However, we are interested in tracking the number of people with arthritis who participate in *CDSMP*. **IF** applicants are also offering *CDSMP*, we would like to collect the following information:
 - participant demographics (age, race/ethnicity, gender, education level, physical/cognitive challenges) and self-reported health status (chronic conditions)
 - the availability of *CDSMP* classroom and online programs for adults with OA
 - participation rates *CDSMP* (classroom, online)
 - number and geographic locations of new *CDSMP* implementation sites serving people with OA

Grantees will be required to track data each month into a pre-formatted Excel spreadsheet and submit it to the OAAA. The OAAA will, in turn, upload this information into a national database administered by the National Council on Aging for purposes of aggregating program dissemination data across sites. Examples of various reporting forms, AF event data forms, and the fidelity checklist noted in this announcement are available at:

<https://drive.google.com/open?id=0B47tNpgFLgFwTmJaX3p5dnU3dDg>

The OAAA will work with grantees who offer the self-directed format to track participants' use of the workbook. Also, the OAAA anticipates conducting a brief post-program online survey with a sampling of program participants. We will be asking grantees to assist in providing the survey link to participants.

Grantees will also be required to upload program offerings into the Arthritis Foundation's Resource Finder (<http://resourcefinder.arthritis.org/>). Hence, applicants should describe their capacity to manage data collection and reporting, and specify the person/s responsible.

In addition, throughout the mini-grant process, we will work with grantees to capture the experiences and successful strategies related to *WWE* delivery and participant recruitment. This information will support the development of tailored value propositions for *WWE* that will be used when marketing these programs to potential funders, including employers, insurance companies, and health care systems. This information will also be used to prepare a *Walk With Ease* Toolkit.

*A **value proposition** is a statement that explains what problem is being solved, what benefit is provided for who, and why the provider of the benefit can do it uniquely well and at an acceptable cost.*

It is our plan to conduct monthly calls with grantees in order to discuss experiences, successful strategies and lessons learned. Applicants should be prepared to participate actively and routinely in the conference calls and should specify who will represent their project. Focusing essentially on “what worked and didn’t work,” applicants should be prepared to discuss the following information during these calls:

- program delivery approaches
- partnership engagement
- marketing strategies and cost
- implementation costs
- referral sources
- program fidelity for group-led *WWE*
- maintenance of overall program quality assurance
- strategies and successes for program marketing and sustainability
- testimonials of participants noting the changes and/or improvements they have experienced

Grantees will be required to summarize this information in a short progress report (about 2 pages) at the mid-point (September 1, 2017) of the project period. A brief final report (about 2 pages) should include an accounting of fund expenditures and progress toward accomplishment of project aims. This final report is due no later than 60 days after the end of the funding period (May 1, 2018).

OA Action Alliance funds will support the implementation of *WWE* and will not support the development of new programs or implementation of other AAEBIs. The approaches utilized by grantees to integrate the program within the culture and operations of their service delivery system will assist the OA Action Alliance in establishing tools and resources for future program adopters, and exemplar methods for successfully embedding the program into a comprehensive menu of physical activity and self-management education programs.

Email of Intent Content:

Prospective applicants are required to submit an email of intent to allow the OA Action Alliance staff to plan the review process and to avoid potential conflicts of interest in the review. This is not binding and is not a part of the review of the full application. Please include the following information in your brief email:

- Descriptive title of proposed project
- Name of the lead applicant(s) and organization
- Program you will implement (*WWE* self-directed, *WWE* group-directed)

Application Content:

The project plan must be no more than 8 pages, including any tables and figures. Font must be no smaller than Arial 11, with 1.5 line spacing and 1-inch margins. The page count does not include staff bios, budget and budget justification, work samples, letters of support, or references/bibliography.

- Background and need for proposed target population (250 word maximum)
- Measureable objectives:
 - **Offering the instructor-led format of *WWE* is a requirement.** Measurable objectives would include the number of participants to be enrolled, the number of instructors who will complete the training and the number of programs they will lead. The recommended group size with

- one instructor for the *Walk With Ease* program is about 12-15; however, some organizations have offered the program for up to 25 participants. If class size is increased, it is recommended that a second instructor be added, particularly for the walking segment of the class session. Given that *WWE* is a six-week program, consider how many instructor-led programs you can feasibly offer, either concurrently or sequentially, within the 52 weeks of the project period.
- **If also offering the self-directed format**, a measurable objective would include the number of people with osteoarthritis to be enrolled. If attempting to provide this format to different sub-populations or geographic regions, provide a rationale for how you derived your projected numbers.
 - **Depending on the proposed target population, it is anticipated that a grantee will reach 150-300 participants during the project period, although some grantees may be able to reach greater numbers.**
- Project Plan: must include a basic work plan of activities to carry out your objectives, timeline and designation of roles and responsibilities. The work plan should make clear the applicant's capacity for program data collection, management and data entry including protocols in place for protection of privacy of participant data, ability to track information for creating the value propositions, plans for monitoring program quality, partner organizations and the scope of their work in your outreach initiative, and a statement of future dissemination and sustainability plans after the completion of this project
 - Staff bios
 - Budget
 - Budget justification (provide rationale with realistic estimates of costs)
 - Work samples (examples of brochures, programs, ads, etc., that your organization has developed or implemented previously to demonstrate your ability to carry out the proposed project)
 - Data to demonstrate the applicant is poised to quickly mobilize the project, including:
 - AAEBIs the organization is/has implemented, number of participants reached by those programs, and leaders/instructors trained to implement those programs.
 - Involvement or planned involvement with the OA Action Alliance
 - Letters of support (if applicable)
 - References/bibliography (if applicable)

Review Process/Evaluation Criteria:

All proposals funded through the OA Action Alliance will undergo a peer review process in which proposals are ranked according to merit. An online review mechanism is used to assign an initial priority score. Each application will be evaluated and scored by at least three experts in the field. Each application will be evaluated on the following **Evaluation Criteria**, of which some reflect the RE-AIM framework (www.re-aim.org; Reach, Effectiveness, Adoption, Implementation, and Maintenance):

- Reach: likeliness that the proposed project will successfully reach the targeted number and demographics of adults with arthritis
- Effectiveness: engagement of key stakeholders and strength of partnerships, including OA Action Alliance; description of measureable outcomes
- Adoption: experience and expertise of the proposed team including the employees assigned to project; quality of work as demonstrated through submitted work samples
- Implementation: fidelity and quality planning and tracking plan clearly outlined, feasible and replicable; ability to track all evaluation components
- Maintenance: sustainability of project; development of enduring products
- Feasibility of completing stated project goals during the proposed timeline
- Ability to leverage existing resources/funds

Timeline:

- Request for Applications released: December 1, 2016
- Email of Intent due: December 16, 2016 at 11:59 PM ET
- Application due: January 20, 2017 at 11:59 PM ET

- Notification of awards: February 10, 2017
- Project start date: March 1, 2017

Sources of Funding:

The OAAA 2017 Small Grants Program is funded through contributions from:

- CDC Arthritis Program
- Thurston Arthritis Research Center, University of North Carolina at Chapel Hill

OA Action Alliance Contacts:

Questions about this application should be directed to Grant Program Manager, Yvonne Golightly (golight@email.unc.edu). The email of intent, full proposal and progress reports should also be submitted electronically to Grant Program Manager, Yvonne Golightly (golight@email.unc.edu).

Additional Resources:

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

<http://www.cdc.gov/arthritis/interventions/marketing-support/1-2-3-approach>.