

Part II: For Walk With Ease Leaders

Dear Walk With Ease Leader,

Thank you for joining the effort to increase the health and mobility of the adults with arthritis in your community! We are so happy to have you as a part of the OsteoArthritis Action Alliance's Walk With Ease Expansion Mini-Grant Initiative. You are now a part of a 5-year nation-wide effort to increase the reach of the Walk With Ease (WWE) program. Together, we are working to increase the accessibility to this evidence-based program in at least 25 states. You are joining hundreds of WWE Leaders, reaching thousands of participants of all ages, from coast to coast.

Now that you have completed your WWE Leader training, you are ready to begin facilitating WWE workshops in your community. We hope you are looking forward to it, and to having a positive impact on participants' lives! As you will see in the following pages, **collecting information about those who participate in your workshops is going to be a crucial part of your role as a WWE Leader.** This packet includes the information and forms you will need to complete or have your participants complete during your workshops. One of the **MOST IMPORTANT** things to know, is that we will be **using the forms in this packet** to collect information **NOT** the forms that you will find in your WWE Leader Guide. Because this initiative is funded by the Centers for Disease and Control and Prevention's Arthritis Program, we must collect certain information that is not on the Arthritis Foundation forms. So again, **PLEASE USE ONLY THE FORMS IN THIS PACKET TO COLLECT THE DATA.**

Working closely with your Program Administrator/Coordinator, you will play an essential role in not only delivering the program, but also collecting information that will be reported to our funders. Please closely review everything in this packet and let your administrator and/or us know if you have any questions/concerns prior to leading your workshops. We are here to help, and are immensely thankful for your leadership and dedication to delivering WWE.

Thank you!

Mary Altpeter, PhD
Program Manager
mary_altmeter@unc.edu

Serena Weisner, MS
Program Assistant
s.weisner@outlook.com

OsteoArthritis Action Alliance
www.oaaaction.unc.edu

*Thank you to the Wisconsin Institute for Healthy Aging
for allowing us to adapt their evaluation packet for the OAAA Expansion Grantees.*

Why is Data Collection Important?

The Walk With Ease Expansion Grant is funded in part by the CDC. As such, we are required to collect data for our records and reporting purposes. The data you help collect helps your organization, the OsteoArthritis Action Alliance (OAAA), and the CDC Arthritis Program.

Why is data collection so important? What do we all gain from it? Lots! Here are a few reasons we ask for and appreciate your cooperation in data collection efforts. The data you collect helps us:

1. Measure whether the programs continue to be as effective as the original research shows. For some of the programs, we can evaluate participants' health and physical activity before and after the workshop, to determine whether we are still getting the same good outcomes. This helps us know we're continuing to do things right.
2. Identify whom we're serving and where – and whom we're not serving. These data helps us determine whether we are missing certain pockets of the population – e.g., men, individuals of certain age ranges, certain economic status, caregivers, people with disabilities, individuals with certain chronic conditions, rural residents, people from communities of color. This helps us determine the need for deciding targets for Leader Trainings, as well as different participant outreach strategies and partnerships to make sure we're offering and delivering the programs to the people who need it most.
3. Identify current and pursue new partners. By looking at the workshop sites, sponsoring organizations, volunteer or employment status of the Leaders and other data points, we can identify which of our various partnerships are growing and where there's more potential to grow. The data you help collect can show partner organizations what you are accomplishing in your community.
4. Engage in better program planning. We use the data to analyze what programs are growing and where, which ones need more attention and what are future potential growth areas.
5. Be responsive to funders. It helps us show the CDC, as well as other potential funders, what we have all accomplished together and where future needs still exist.
6. Pursue other funding opportunities for all of us. Having the data and comparing it to public health numbers helps us identify how the program delivery has helped to improve the health, symptom management and quality of life of people with arthritis.

Instruction Sheet for WWE Leaders: Data Collection for Walk With Ease

Data collection is a critical component of our work and we greatly appreciate your support in helping us get the most thorough “picture” of our WWE participants. Data collection helps us to know if our programs are effective and who we are serving, among other things.

All of the materials you need for Data Collection at your Walk With Ease workshops are included in this packet and in the following Google Drive folder: <http://bit.ly/2E7PEXz>.

Documents included:

DOCUMENT	HOW MANY?	WHAT TO DO WITH IT
Tips & Talking Points	One for the Leaders	Review upon receipt of packet and refer to as needed throughout the workshop.
Walk With Ease Participant Information Form	One for each workshop participant	<ul style="list-style-type: none"> • Distribute one to each participant at first session. • Collect completed Health & Demographic Survey, review for completeness, and ask individuals to complete any missing sections. • Store them in a secure place until workshop ends, or follow the guidance provided by your program administrator.
Attendance Log	One, just for you as Leader	Take Attendance at every session.
Walk With Ease Post-Program Survey	One for each workshop participant	<ul style="list-style-type: none"> • Distribute one to each participant at last session. Please see #5 below. You may want to begin asking participants to complete these during weeks 4-5 of the WWE Program • Collect completed Post-Program Questionnaires, review for completeness, and ask individuals to complete any missing sections. Return questionnaire to your program administrator • Send/give ALL completed pre- and post-surveys to program coordinator
Walk With Ease Fidelity Checklist	One, just for you as Leader	<ul style="list-style-type: none"> • This checklist may be used by you and your Program Administer to ensure that WWE is being implemented as designed and intended. • It can be used as a “self-check” too! We encourage you to review it at least once/week.

Detailed Instructions:

1. Distribute one Walk With Ease **Participant Information Form** to each participant at the beginning of your program on Day 1. If new participants arrive at the second session, please ask them to fill out the Form before you start Day 2. It is **very important** to have all participants complete the baseline questionnaire, regardless of the date they start the program.
2. As participants return their Forms to you, **please check for completeness**. Ask participants to fill in any missing sections. Save all materials until the end of the program in a safe and secure place, OR follow the directions provided by your program administrator. The reasons for collecting the data are highlighted in the *Tips and Talking Points* sheet, so please refer to this when encouraging people to complete the surveys. Please work closely with your program administrator to ensure that all participant materials are gathered and stored securely.
3. At the first session, mark down all the participants on the **Attendance Log** and check who on the Log completed the Participant Information Form. Continue to take attendance at each session.
4. Collect the Walk With Ease **Post-Program Survey** from your workshop participants. You may want to start to collect the Survey during the 4th or 5th week, but certainly at the beginning of the 6th week. The **Post-Program Surveys** will let us know if the participants were satisfied with the program and whether they are walking more. It is very important we gather this input.
5. Return the following original materials to your program administrator:
 - All completed **Participant Information Forms** (all pages)
 - The **Attendance Log**, complete with participants' first and last names and sessions attended clearly marked
 - Completed **Post-Program Surveys**

We thank you so much for your commitment and skills in organizing and facilitating the Walk With Ease program. You are doing great work in helping older adults in your community to develop and maintain healthier lifestyles and we are very grateful for your collaboration. If you have any questions about the data collection protocols or anything else related to please contact your program administrator.

Tips & Talking Points: Data Collection

Tips:

- If possible, ask participants to come at least 10-15 minutes prior to the start time of your first WWE session. This will give them time to complete the **Participant Information Form**.
- At the first session, when a participant arrives and is settled, present them with **Participant Information Form**.
- If new participants arrive at the second session, please ask them to fill out the Form BEFORE you start Session 2.
- Place completed surveys in a safe place, according to guidance provided by your Program Administrator, so that you can hand ALL data collection forms in at the end of the workshop.

Talking points to participants:

- The **Participant Information Form** asks questions about you and your health. We would appreciate it if you would complete the form. You do not have to complete the form, but it is highly important to us and our funders, the Centers for Disease Control and Prevention (CDC) to collect data on participants attending the program.
- We ask you these questions for a few reasons:
 - ✓ To understand the characteristics of those who comes to the workshops.
 - ✓ Understand if we make a difference in your health or how you take care of yourself.
 - ✓ To provide data that will support us in asking health plans, employers and foundations to help support the program – keeping them low-cost to the community.
- We follow very strict rules to protect all your information and to keep it private. We will maintain these paper forms securely following standard practices for protecting private data. After a trained person enters your information into a secure summary data form that is sent to our funder, we will destroy the paper forms.
- While completing the Form, you may ask us to explain any questions that you find confusing.
- If you decide not to complete the Form, you can still participate in the program.

Walk With Ease Participant Information Form

Your Name: _____

1. How old are you today? _____ years
2. Are you: Male or Female?
3. Are you of Hispanic, Latino, or Spanish origin?

Yes No

4. What is your race? Mark all that apply.
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White

5. Has a health care provider ever told you that you have any of the following chronic conditions? (Please mark all that apply.)

<input type="radio"/> Arthritis/Rheumatic Disease	<input type="radio"/> Hypertension (High Blood Pressure)
<input type="radio"/> Asthma/Emphysema/Other Chronic Breathing or Lung Problem	<input type="radio"/> Kidney Disease
<input type="radio"/> Cancer or Cancer Survivor	<input type="radio"/> Osteoporosis (Low Bone Density)
<input type="radio"/> Chronic Pain	<input type="radio"/> Obesity
<input type="radio"/> Depression or Anxiety Disorders	<input type="radio"/> Schizophrenia or Other Psychotic Disorder
<input type="radio"/> Diabetes (High Blood Sugar)	<input type="radio"/> Stroke
<input type="radio"/> Heart Disease	<input type="radio"/> Other Chronic Condition
<input type="radio"/> High Cholesterol	<input type="radio"/> None (No Chronic Conditions)

**** CONTINUED ON NEXT PAGE ****

6. During the past year, did you provide regular care or assistance to a friend or family member who has a long-term health problem or disability?

Yes No

7. Are you deaf or do you have serious difficulty hearing?

Yes No

8. Are you blind or do you have serious difficulty seeing even with glasses?

Yes No

9. Because of a physical, mental, or emotional condition, do you have serious difficulty walking or climbing stairs, dressing or bathing, or doing errands alone such as visiting a doctor's office or shopping?

Yes No

10. Do you live alone?

Yes No

11. What is the highest grade or year of school you completed?

Some elementary, middle, or high school

High school graduate or GED

Some college or technical school

College 4 years or more

12. In general, would you say that your health is:

Excellent Very good Good Fair Poor

13. Did your doctor or other health care provider suggest that you take this program?

Yes No

If you responded no, please tell us how you found out about the program.

**** CONTINUED ON NEXT PAGE ****

14. How confident are you in managing your arthritis symptoms? (Circle one number)

Not at all
confident

Very
confident

0 1 2 3 4 5 6 7 8 9 10

15. How many days during the week do you go for a walk/s?

1

5

2

6

3

7

4

16. On average, how many minutes do you walk on each of those days? _____

THANK YOU FOR COMPLETING THIS INFORMATION FORM!

Walk With Ease Attendance Log

Instructions to Program Leaders: Please clearly print the Program Information and the participant names below. Mark each session that the participant attends like this:

WWE Workshop Location: _____

Start Date (mm/dd/yyyy): ___/___/___ End Date (mm/dd/yyyy): ___/___/___

PIF = Participant Information Form: Mark this box with an when the participant has completed this form.

Participant Name	PIF	Session Number																		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
7.																				
8.																				
9.																				
10.																				
11.																				
12.																				
13.																				

Use additional pages if needed.

Walk With Ease Post-Program Evaluation Form

Your Name: _____

1. In general, would you say that your health is:

- Excellent Very good Good Fair Poor

2. How confident are you in managing your arthritis symptoms? (Circle one number)

Not at all confident

Very confident

0 1 2 3 4 5 6 7 8 9 10

3. How many days during the week do you go for a walk/s?

- 0 4
 1 5
 2 6
 3 7

4. On average, how many minutes do you walk on each of those days? _____

5. Would you recommend WWE to a friend?

- Yes No

6. Do you have any additional comments or suggestions?

----- Continued on next page -----

For the following set of questions, please circle the number that corresponds to your answer:

	Very Well	Fairly Well	A Little	Not at all
7. To what extent did you learn basic information about arthritis?	3	2	1	0
8. To what extent did you increase your understanding of the rationale and principles of exercise for people with arthritis?	3	2	1	0
9. To what extent did you increase your knowledge about walking in a safe and comfortable manner?	3	2	1	0
10. To what extent do you feel knowledgeable about how to do warm-up and cool-down exercises before and after walking?	3	2	1	0
11. To what extent were the problem solving strategies useful to you?	3	2	1	0
12. To what extent were the self-test tools useful to you?	3	2	1	0
13. To what extent were the contract and walking diary tool useful to you?	3	2	1	0
14. To what extent are you happy with the length of the program?	3	2	1	0
15. To what extent did Walk With Ease fulfill your expectations?	3	2	1	0
16. Overall, to what extent are you satisfied with the program?	3	2	1	0

Thank you!

Walk With Ease FIDELITY EVALUATION CHECKLIST

WWE Class Leader Name: _____ **Date:** _____ **Monitor:** _____

		Yes	No	Not Consistently/ Not Applicable	Comments:
1.	Meeting space is practical and safe for participants' needs-level (e.g. handicapped parking, restrooms, seating if necessary)				
2.	The leader uses, distributes and collects all appropriate forms (e.g., attendance log, participant information form, post-program survey, handouts)				
3.	The Leader follows the Walk With Ease Leader's Guide				
4.	The Leader appropriately manages and reinforces group participation				
5.	The Leader encourages reading of chapters and using motivational tools				
6.	The Leader appropriately demonstrates and leads the 5-step walking pattern				
7.	The Leader uses appropriate safety strategies when walking (e.g. uses buddy system, walks with slowest walkers)				
8.	The Leader appropriately refers questions about health issues to participants' health care providers				