

Arthritis Foundation's
WALK WITH EASE

TOOLKIT



oaaction.unc.edu | November 2020



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INTRODUCTION

Walk With Ease Toolkit

This Toolkit is designed for program administrators across a variety of community sectors, such as community-based organizations, health departments, health care systems, and worksites interested in offering the Arthritis Foundation’s *Walk With Ease* program (WWE). WWE is a six-week, low-impact, evidence-based physical activity program for adults with arthritis (although adults without arthritis are also encouraged to participate). Contents of this Toolkit include educational information about osteoarthritis (OA) and arthritis-appropriate evidence-based interventions (AAEBIs), as well program-related resources that you can use to market, implement, and evaluate *Walk With Ease*. You are welcome to download the materials and adapt them to your needs.

The 8 modules of the Toolkit are independently designed such that users can engage with the content as their own interests and needs guide them. Modules do not need to be viewed consecutively. Within each module, providers can download a PDF of the content as well as related materials. The modules highlight and provide context for many, but not all of the diverse resources available on the [Osteoarthritis Action Alliance’s Resource Library for Community Partners](#).

PROGRAM DESCRIPTION

Walk With Ease Toolkit | MODULE 1

The Arthritis Foundation's *Walk With Ease* program was developed specifically for adults who have arthritis and have been physically inactive but want to incorporate walking as a routine activity into their lives. Physically inactive adults who don't have arthritis may also find the program beneficial. In this program, participants:

- Gain an understanding of the basics of arthritis and the relationship between arthritis, exercise and pain **through the health education components**;
- Learn how to exercise safely and comfortably **through the walking and exercise components**; and
- Develop and implement a doable personal walking plan and gather tips, strategies and resources to maintain an exercise routine **through the motivational components**.

This six-week program is available in **two formats**: instructor-led and self-directed. **Both formats** center around the *Walk With Ease* Guidebook that is available at www.afstore.org. Each participant should have a Guidebook in order to read assigned chapters, view and complete goal setting and self-assessment sheets, and reference photos of stretches and strengthening exercises.

- In the ***instructor-led*** format, participants meet 3 times per week for class sessions that last 1 to 1^{1/2} hours each time. This format is delivered by a trained and certified *Walk With Ease* Leader. Online training for leaders is available for \$89 per instructor at: <https://www.afa.com/courses/arthritis-foundation-walk-with-ease>. Upon registering for the online course, trainees are provided with a PDF of the Leader materials (e.g. *Walk With Ease* Leader Guide, printable posters). Leaders do not have to be certified fitness instructors or health professionals, but they must have current CPR certification. Once the training is complete, an official WWE Leader certification is provided by the Arthritis Foundation.
- In the ***self-directed*** format, participants read the *Walk With Ease* Guidebook on their own, completing the various tasks and walking as laid out in the book. They can do the

walking on their own or through an “enhanced format,” which can include activities such as walking with a group one or more days/week, meeting with a group via video webinar, receiving motivational emails/texts, etc. If offering the self-directed format in a coordinated and scheduled manner, program administrators can arrange for participants to walk together as a group with a leader one or more times a week even though they may be completing the reading and goal setting portions on their own. If you decide to hold walking sessions for participants, for quality assurance purposes, it would be ideal to have a certified *Walk With Ease* Leader guide the walking. During the walking, the Leader may also provide brief reviews of essential content from the Guidebook. The ***self-directed*** format may also serve as an alternative for those who are unable to complete the ***instructor-led*** format.

To be eligible to take part in WWE, participants must be able to be on their feet for 10 minutes without increased pain. Individuals who use canes or walkers may be eligible for the program. If any potential enrollee is uncertain if they should participate in the program, or if you as the program administrator are uncertain, recommend that the individual consult their health care provider prior to starting the program.

A short [7-minute video introduction to Walk With Ease](#) is on our [Walk With Arthritis page](#) and our OAAA YouTube channel. This video is called “Class Zero” which means that it can be used as an orientation session (or part of an orientation session) held in advance of the first class or first week of the program in order to prepare registrants for what to expect from the workshop. It can also be used as a marketing tool. For example, it could be played on a loop in a lobby or lounge where potential participants congregate.

A one-hour [Walk With Ease Informational Webinar](#) (audio recording with slides) was designed and delivered to program administrators and is now available as a recording. The webinar and this toolkit provide a strong foundation for program administrators who are just getting started with Walk With Ease, or are looking to improve the implementation process and program quality.

MAKING THE CASE FOR OFFERING WVE

Walk With Ease Toolkit | MODULE 2

The information in this section is information regarding the prevalence and burden of arthritis, in general, and information specific to osteoarthritis (OA). PLEASE NOTE: Information and statistics presented here were originally published in [OACareTools](#): A toolkit on osteoarthritis prevention and management in primary care.

Knowing these statistics and being able to clearly communicate them to leadership and collaborators helps to make the case for conducting health promotion programs like *Walk With Ease*. Areas addressed include:

- Prevalence by age, gender and ethnicity
- Infographic: The burden of osteoarthritis patient burden in terms of pain, social isolation/depression, activity limitations, work limitations
- Economic costs
- Osteoarthritis is associated with increased comorbidity and mortality

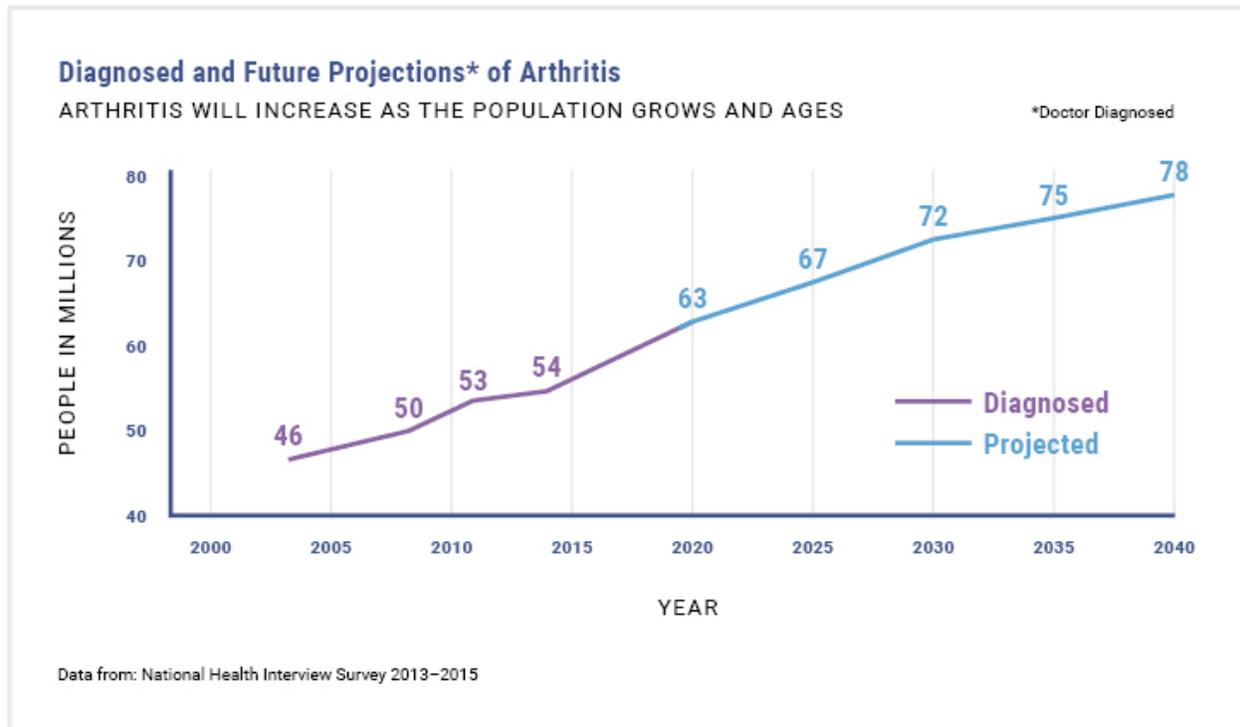
Additional materials for making the case are available at: <https://oaaction.unc.edu/resource-library/for-community-partners/> under the tab: Making the Case. Materials are updated as available and currently include:

- [State Fact Sheets on the Burden of OA](#)
- [Arthritis Foundation's Arthritis Facts](#)
- [CDC's Arthritis Program Data & Statistics](#)
- [CDC Vital Signs: Arthritis in America \(Spanish\)](#)
- [CDC Vital Sign Fact Sheet](#)
- [CDC Arthritis Press Room](#)
- [CDC 500 Cities Project](#)
- [DHHS Physical Activity Guidelines for Americans](#)
- [NPAPA National Physical Activity Plan](#)
- [Economic Cost of Arthritis PowerPoint](#)
- [Engaging Veterans in Evidence-Based Programs](#)

Prevalence and Burden of Arthritis

Arthritis is a serious health crisis. CDC estimates that 1 in 4 (or 54.4 million) US adults have some form of arthritis, a figure that is projected to reach 78 million by the year 2040.¹ **While there are estimated to be more than 100 types of arthritis, osteoarthritis (OA) is the most common form of arthritis, affecting 32.5 million US adults.**² The high prevalence of arthritis manifests in enormous societal and personal costs.

Figure 1³



Prevalence by Age, Gender, and Ethnicity¹

Age

- 43% of people with OA are 65 or older and 88% of people with OA are 45 or older.²
- Annual incidence of knee OA is highest between 55 and 64 years old.⁴
- More than half of individuals with symptomatic knee OA are younger than 65.⁴

Gender

- 62% of individuals with OA are women.²
- Among people younger than 45, OA is more common among men; above age 45, OA is more common in women.⁴

Ethnicity

- 78% of individuals with OA are non-Hispanic whites.²

- However, within their own race/ethnic groups, non-Hispanic black and Hispanic populations have higher rates of OA than non-Hispanic whites.²

The Burden of Osteoarthritis^{2,5}



Patient Burden

Pain

- People with OA experience greater pain, fatigue, levels of disability, and activity limitations than people of their comparable age.⁵
- While arthritis pain is extremely individualized, severe joint pain is not uncommon. Recent estimates suggest that one-fourth of adults with arthritis experience severe joint pain, characterized by a score of 7 or greater on the 0-10 pain scale.⁶
- Severe joint pain occurs more often in middle-aged adults (45-64), women, non-Hispanic blacks, Hispanics, those with a disability, and in people with the following concurrent health conditions: fair/poor health, obesity, diabetes, heart disease, and serious psychological distress.⁶
- 99% of all hip and knee replacements are done to address pain and functional limitations¹
- Over 50% of people with knee OA will have a total knee replacement done during their lifetime.⁴



Depression and Social Isolation

- One-third of people with arthritis over the age of 45 suffer from depression or anxiety.¹
- People with OA are likely at greater risk for depression because of increased disability and fatigue associated with their pain.⁷
- People with doctor-diagnosed arthritis report more days in the last month of poor mental health (5.4 days vs 2.8 days for people without arthritis).²
- Social isolation and loneliness are often evident among people with OA and other chronic musculoskeletal diseases. There appears to be a

Pain - both chronic and episodic - can result in depression and other mood disturbances, functional disabilities, and work limitations.

bi-directional relationship with pain impacting social isolation and loneliness, and vice versa.⁸

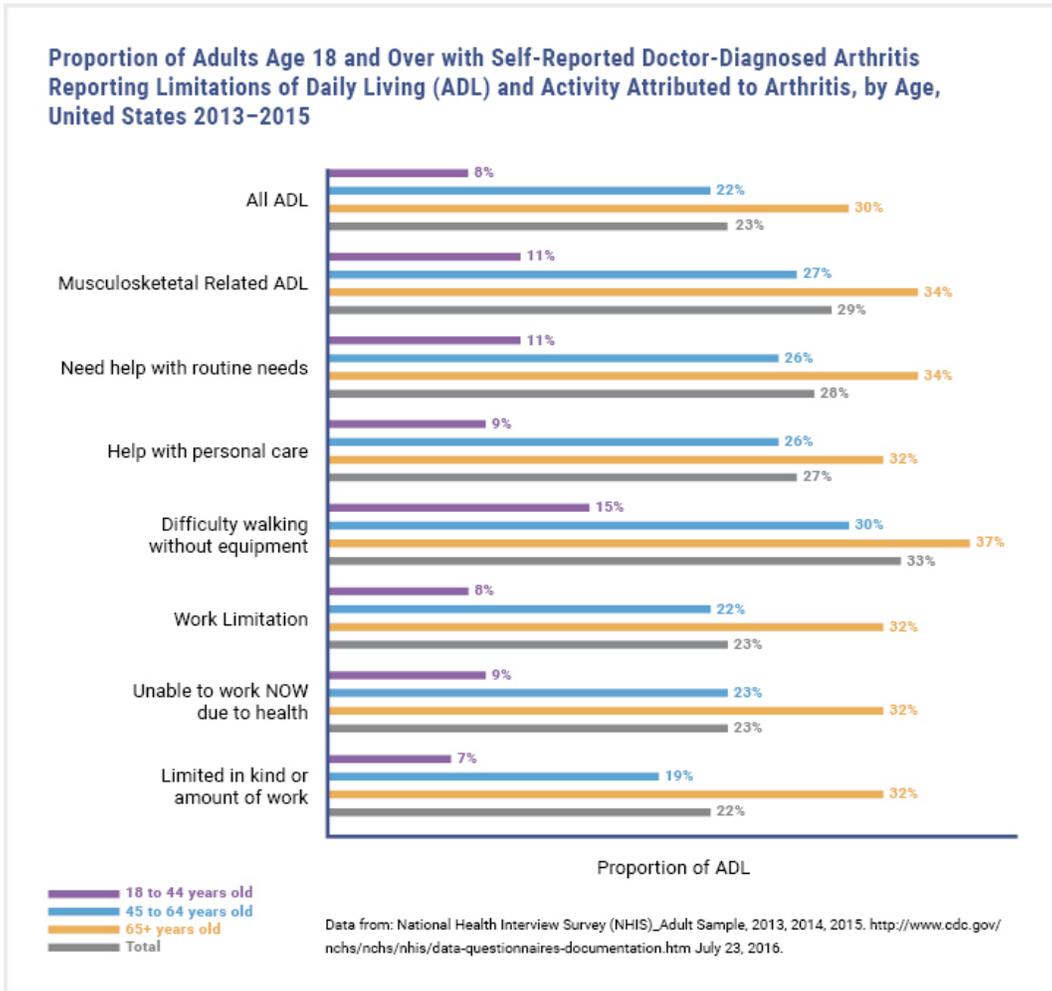
Activity limitations

- Almost 44% of people with arthritis have “arthritis-attributable activity limitations,” defined as self-reported limitations in “usual activities” because of arthritis symptoms¹
- By 2040, 11.4% of all adults will experience arthritis-attributable activity limitations.⁹

Work Limitations¹

- 30% of adults with arthritis find stooping, bending, or kneeling very difficult.
- 20% cannot or find it very difficult to walk 3 blocks or push/pull large objects.
- People with OA (working age) experience lower employment rates than those without OA. Research suggests that arthritis-related activity limitations might contribute to their lack of employment.

Figure 2²



Economic Burden

The overall economic burden associated with OA in the US is estimated at \$136.8 billion annually.² This stunning figure has more than doubled over the last decade. For perspective, the annual economic cost of arthritis surpasses that of tobacco-related health effects, cancer, and diabetes. Direct medical costs reach \$65 billion annually, with annual all-cause per person direct costs reaching \$11,502.²

- Because of OA, an estimated 1 million knee and hip replacements are completed each year.¹
- Knee OA contributes to more than \$27 billion in health care costs each year.⁴
- In 2013, OA was the 2nd most costly health condition treated in hospitals in the US, accounting for 4.3% of all hospitalization costs.¹⁰
- In 2013, total lost wages due to OA were \$164 billion, or \$4,040 less per adult with OA compared to those without OA.¹⁰
- Increased absenteeism among workers with OA is fairly well documented, with workers with OA missing an average of 2 more days per year than workers without OA. Presenteeism, or loss of productivity while on the job, is more difficult to calculate but is no less costly for workers or businesses.¹¹

OA is associated with increased comorbidity and mortality

Twenty-five percent of Americans have two or more chronic conditions, including heart disease, stroke, diabetes, cancer, and osteoarthritis (OA). **In older adults, OA is the most common condition to co-occur with other chronic conditions.** A number of comorbidities and co-existing conditions often occur in patients with OA.⁵

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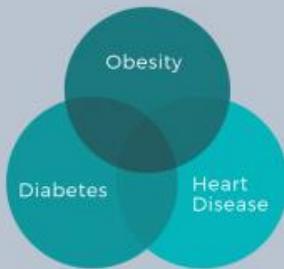
OA is associated with increased comorbidity and mortality

Over half of people with OA have another chronic medical condition and about one-third have 5 or more chronic conditions

HEART DISEASE

One-third of adults with OA have heart disease

This is almost double the rate of heart disease in adults without OA



METABOLIC SYNDROME

Mets is seen more often in people with OA

Obesity
57% of patients with knee OA are obese

Diabetes
More than one-third of patients with knee & hip OA have diabetes

Heart Disease
In primary care, patients with hip and knee OA have twice the rate of CVD

DEPRESSION

One third of people with arthritis over the age of 45 suffer from depression or anxiety

People with OA are at greater risk of depression because of increased disability and fatigue associated with their pain



PHYSICAL ACTIVITY

50% of people with severe joint pain are not physically active compared to 25% of people with no/mild joint pain

Inactivity makes it harder to manage arthritis, obesity, diabetes and heart disease

REDUCED LEVELS OF PHYSICAL ACTIVITY, COMORBID CONDITIONS, AND ADVERSE EFFECTS OF MEDICATIONS LEAD TO A 55% INCREASE IN ALL-CAUSE MORTALITY

References:

- Barbour KE, Wellock CG, Borzig M, et al. Waist size: prevalence of doctor-diagnosed arthritis and arthritis-attributable activity limitation - United States, 2011-2013. *MMWR* 2015; 64(9): 244-253.
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OA OSTEOARTHRITIS ACTION ALLIANCE

Read more at www.oaaction.unc.edu

While OA is not often considered a fatal disease, studies have shown that people with OA, particularly those who are obese, are at higher risk of mortality. There are several possible explanations for people with OA having an increased risk of mortality, not the least of which is that [OA is inextricably tied to other chronic conditions](#). Prompt and adequate management of OA can not only improve patients' joint symptoms but may have mediating effects on patients' other comorbid conditions as well.^{14,15}

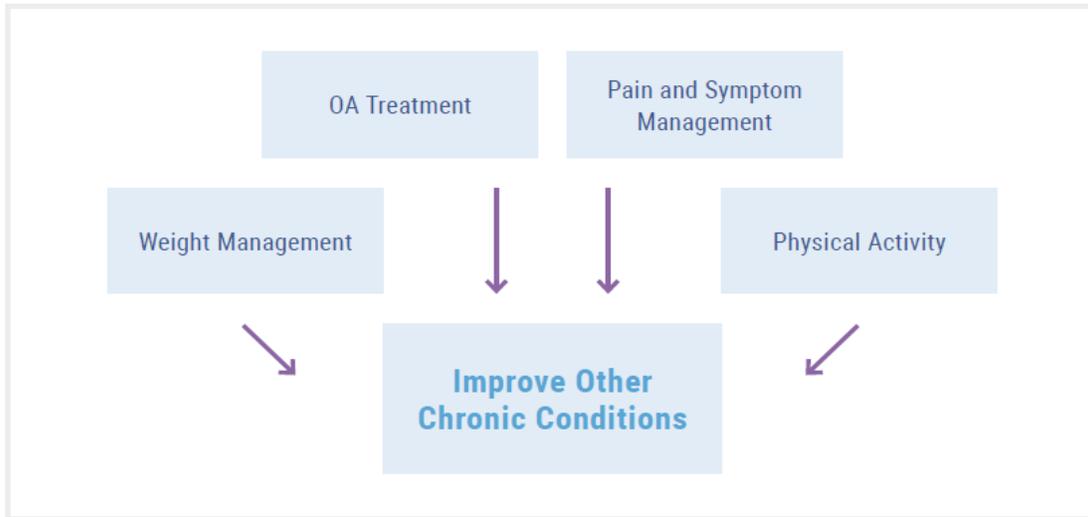
While advancing age, physical inactivity, and obesity likely explain the high prevalence of OA with other chronic conditions such as diabetes, hypertension, and heart disease, the relationship between OA and other comorbidities is complex.

Reduced Physical Activity

Physical inactivity is a known risk factor for most chronic conditions, including heart disease and diabetes, as well as obesity, which, in itself, is a risk factor for many chronic conditions.¹⁶ Based on the 2015 US National Health Interview Survey, the CDC found that 36.2% of adults with arthritis met the recommended weekly aerobic guideline of more than 150 minutes of moderate aerobic activity and only 17.9% met the recommended 2 days of muscle strengthening exercises per week. Compared to people without arthritis, in age-standardized terms, these rates were 10 percentage points, 6 percentage points, and 7 percentage points lower, respectively.

This study also found 75% of adults with arthritis had one other chronic condition, and the likelihood of meeting the recommended physical activity guidelines decreased as the number of comorbidities increased.¹⁷ Being physically inactive places people with OA at greater risk of heart disease, diabetes, and obesity.¹⁴

Being physically inactive places people with OA at greater risk of heart disease, diabetes, and obesity.¹⁴



A person’s ability or desire to participate in exercise therapy (e.g., cardiac rehabilitation, regular physical activity) as a treatment option for heart disease, diabetes, or obesity may be limited as a result of OA-related pain and functional limitations.

[\[CLICK HERE FOR LINK TO REFERENCES\]](#)

WWE PROGRAM IMPLEMENTATION

Walk With Ease Toolkit | MODULE 3

WWE is available in two formats: **self-directed** or **instructor-led**. Both formats use the *Walk With Ease* Guidebook which is available at: www.afstore.org. An [e-book version of the Guidebook](#) is also available from Amazon. There is no need to own a Kindle, the book can be read on a smart device, using the free Kindle app, or directly downloaded and read on a computer. Strategies and resources for each format are discussed below.

The first chapter of the Guidebook provides the [program schedule](#), which is used whether someone is participating in the group or self-directed format. The schedule guides participants through the sequence of readings, when to incorporate walking strategies, use of self-assessment tools, when to do goal planning, and when to monitoring fitness levels and progress. This schedule also can be a useful tool when introducing potential participants to the program as it succinctly lays out what to expect throughout the six weeks.

Two other essential items in the Guidebook include the **5-Step Walking Pattern** and the **stretching and strengthening exercises**. These are both part of learning to walk safely and comfortably, an emphasis of the *Walk With Ease* program. Again, you may want to include them in an introduction to the program when talking with potential participants, registered participants, or potential partners.

Self-directed Format

In this format, the participant reads the *WWE* Guidebook on their own. They can also do the walking on their own or through an “enhanced format,” where they walk one or more times/week with a buddy or group of their own choosing, or a group that a program administrator organizes.

Why select this format?

As a program administrator, you may find that offering the self-directed format is a practical approach, particularly if:

- participants are not interested in or unable to attend group sessions 3x/week
- you are unable to find leaders who can commit to teaching 3x/week for 6-weeks
- reserving classroom space and/or having adequate walking circuits is not feasible
- you are unable to meet in person due to restrictions related to COVID-19

It has also been found that the self-directed format is a good contingency option when some participants start off in the classroom format, but for whatever reasons, can no longer attend class; they can continue to do the program, but on their own. The self-directed format has also been an effective approach in worksite settings where employees can walk together over their lunch breaks or before or after work.

In choosing this format, program costs are limited to the cost of the WWE Guidebook, shipping/handling fees (if you need to mail the books to participants), and marketing and/or data collection expenses.

COVID-19

COVID-19/Coronavirus has greatly impacted the delivery of many community-based programs, particularly physical activity and self-management programs that are held in gyms, senior centers, parks and recreation facilities, etc. If in-person programs are limited in your community or by organization, the self-directed Walk With Ease program can be a great way to continue to support and serve your constituents.

Enhanced Self-Directed WWE

Some organizations may want to offer the self-directed WWE, but still gather a cohort of self-directed participants during a weekly meeting either in-person or virtually (via webinars or conference calls). During the weekly meeting, the leader - who should be a trained WWE Leader - can facilitate a conversation among participants, focusing on topics covered during the previous week's reading assignments. Once people have had a chance to discuss, the group members can take some time to set goals for the coming week or share where they plan to walk. Alternatively, if the group is meeting in person, they may decide to just walk during the weekly meeting, and not discuss the reading or goal setting. South Dakota State University Extension created an [Enhance Self-Directed WWE Session Guidance](#) document to help those organizations that may choose to offer this option, and the Arthritis Foundation developed a [toolkit](#) and [PowerPoint](#) to provide guidance and resources for enhanced Self-Directed WWE.

Engaging Self-Directed Participants

A way to help reduce attrition by those doing the program on their own is to provide weekly “engagement” emails. Examples of these emails are linked below and can be adapted for your own use. The [Arthritis Foundation toolkit](#) mentioned above also includes a series of customizable email messages:

- Oregon State University [Email Engagement](#) for Self-Directed Walk With Ease*
- Northern Arizona [Health Care Coaching Emails](#) for Self-Directed Walk With Ease*

The Self-directed Walk With Ease Portal

To broaden access to the self-directed format, the OAAA has established an online registration portal – www.walkwitharthritis.org – where individuals can complete a brief, secure survey in order to receive a **FREE Walk With Ease Guidebook**. Everyone who registers through the portal also will receive weekly motivational emails to support their walking throughout the six weeks of the program. If they don’t want to complete the survey, there is a nominal cost for the book and shipping. Individuals can also visit walkwitharthritis.org to learn more about the program. The OAAA supports the costs of the Guidebooks only for those participants who register at our site and are included as numbers reached within our OAAA data collection processes.



If an organization would like to have their own self-directed WWE registration portal, we are also able to create customizable portals for a nominal fee. For more information please [click here](#) or contact us at oaaction@unc.edu. The purchasing of the WWE Guidebooks is an additional cost not included in the portal fee.

Instructor-led/Group Format

This format of *WWE* requires a certified *WWE* Leader, an appropriate classroom/meeting space set-up, and an appropriate walking area.

Certified *WWE* Leader

There are several tools available for marketing to and engaging potential *WWE* Leaders. These include:

- A short 7-minute video introduction to *WWE* produced by the OAAA (i.e. Class Zero video), available at <https://www.youtube.com/watch?v=XYu7PFIZXYQ&t=53s>, can be a useful marketing tool for introducing the program to potential leaders.
- A PowerPoint presentation - Walk With Ease Informational Webinar (12.20.2018) - produced by the OAAA with script of the *WWE* program: [\[slides\]](#) [\[recording\]](#)
- Sample engagement emails ([sample 1](#) and [sample 2](#)) to *WWE* Leaders produced by the NC Center for Health and Wellness.

WWE Leader Training

A recently updated online [Walk With Ease Program Leader training](#) is available from the Arthritis Foundation, in partnership with the Athletics and Fitness Association of America. The current cost is \$89. The training typically takes 2.5 hours and is self-guided, so it can be paused and resumed at will. As part of the training, participants can download the Leader’s Guide and follow along with the instructional videos. Upon successful completion of the learner’s evaluation, a certificate of completion can be downloaded. This certificate, along with the individual’s CPR certification, should be sent to the Arthritis Foundation in order to receive an official *WWE* Leader’s Certificate and become an “certified” Walk With Ease Leader. Although professional training and certification related to physical activity and/or health education is not a requirement, a *WWE* Leader must be willing to follow the curriculum (without adding or removing content), have excellent interpersonal skills, be able to manage groups of individuals with diverse backgrounds and needs, and communicate effectively.

Some program administrators report that a team-teaching approach of using two leaders can be very efficient and effective. In this approach, leaders can take turns with the program responsibilities and with guiding participants through the exercise and walking segments of the program. If both leaders are participating at the same time – not alternating days - they may decide to position themselves at the beginning and end of the walking group to help assure safety of all participants.

Appropriate Classroom Set-up

In this format, participants meet 3 times per week for class sessions that last 1 to 1 ½ hours each time. The meeting space should have a door, or otherwise be in a quiet area, so that participants can hear the leader and each other. The leader will need a table for posters, handouts and other program materials, as well as a flip chart or blackboard. Participant chairs should have NO horizontal rungs on the front legs that could impede their ability to slide their feet underneath while doing sitting exercises.

Appropriate Walking Area

Both the Leader’s Guide and the *WWE* Guidebook discuss choosing a good place to walk. A good walking surface is one that is flat and free of loose gravel. Ideally, a path should be chosen that has benches if participants need to rest and is relatively near bathroom facilities. Leaders should carry their cellphones and have cellphone coverage in the event assistance is needed. Indoor or outdoor walking is appropriate, depending on weather. If there is the likelihood for inclement weather, an alternate walking space should be secured prior to the start of the workshop, and all participants should be aware of these arrangements.

Additional Implementation Resources

[WWE Program Administrator Guide and Training Video](#)

The Arthritis Foundation has created a comprehensive WWE Program Administrator Guide that is available will be available soon. The Guide covers:

- an overview of the WWE program
- the purpose and structure of each classroom session
- marketing and management logistics
- supervision of WWE Leaders
- post-program strategies.

In addition, the OAAA has developed a [WWE Administrator’s Training](#) that includes a video recording with slides. Please note, this is different from the Informational Webinar mentioned above (under “Community Partners”). The WWE Administrator’s Training is much more detailed about the process and various tasks related to directly implementing the program.

Fidelity

Walk With Ease is an evidence-based health promotion program. It has been proven to reduce pain and increase strength, self-efficacy for managing arthritis symptoms and walking speed among other benefits. To ensure your participants gain these benefits, do NOT change, add or delete any content, sessions or movements. If you have questions about any of the content– contact the Arthritis Foundation.

The Walk With Ease [Fidelity Tool](#) is available to help assure the instructor-led format is being offered appropriately. This tool can be used as a self-check, so that leaders can double-check their readiness and performance leading the class. It can also be used by an administrator performing site visits and fidelity/quality checks.

The WWE Guidebook includes a diary for participants to use to record their walking, as well as walking challenges and successes. In addition, the Reading Health System has designed a [pedometer log](#) and [walking journal](#) that may also be adapted for your use.

Creating a Sustainability Plan

Planning for ongoing delivery of *WWE* should be addressed early on while planning for implementation. Often, securing program delivery funding is a key concern and challenge. Organizations implementing *WWE* have reported that an advantage of this program is its minimal costs:

- There is no licensure fee;
- The Leader training is online and relative to other programs, low-cost;
- There is no required equipment;
- Program posters once printed are reusable;
- The Guidebook costs are minimal.

Sample sustainability strategies

- Creating partnerships for helping with marketing and program implementation;
- Partnering with other community sectors such as Parks and Recreation Systems, Agencies serving Medicare and Medicaid participants, Wellness Centers, Employee Wellness programs
- Bundling/coordinating *WWE* delivery with other evidence-based programs, particularly Diabetes Self-Management, Chronic Pain Self-Management Program, A Matte of Balance (and other falls prevention programs), and Silver Sneakers. This helps create a steady demand for all bundled programs and maximizes efficient use of resources;
- Embedding *WWE* into worksite wellness initiatives and employee wellness benefits plans.
- Using technology to engage participants and to offer program by creating an online hub for program description and promotion, notice of upcoming workshops and registration, along with resources for *WWE* leaders;
- When appropriate to organizational policy, charging fees for the program and/or Guidebook.
- When building an ongoing network of partners, establish common goals and respective responsibilities at the beginning;
- Integrating *WWE* group-led and self-directed into other grant-funded programs such as the 5-year CDC Arthritis Grant, ACL Chronic Disease Self-Management Education grants, State funding, foundation grants, and bank grants.
- Assuring there is a program coordinator dedicated to *WWE* marketing.

WWE MARKETING

Walk With Ease Toolkit | MODULE 4

Numerous and diverse *Walk With Ease* marketing materials are available to target a variety of audiences: participants, clinical providers, worksites, potential payors, faith-based communities and community-based organizations that are potential program implementation partners.

Participants

A [7-minute video introduction to Walk With Ease](#) is available for your viewing and use (for marketing and outreach). This video is called “Class Zero” which means it can be used as an orientation session (or part of an orientation session) held in advance of the first class or first week of the program. If the use of video presentation is not feasible, or if you prefer to customize your orientation, you can adapt the [script and slides](#). Not only can the video and the script/slides provide an orientation for people already registered for WWE, but they can also be used to help recruit new registrants. The video, in particular, provides some wonderful testimonials from WWE leaders and participants, which are both heart-felt and motivating. There are flyers, brochures and a press kit that have been designed by the OAAA, the Arthritis Foundation, and other partner organizations for various audiences. Examples of these include:

- [OAAA Walk With Ease issue brief for Faith-based Communities](#)
- [AF Walk With Ease Flyer](#)
- [Salt Lake County Marketing Plan](#)
- [Wise and Healthy Aging Walk With Ease brochure](#)
- [NACDD’s Move More Flyer 1](#)
- [NACDD’s Move More Flyer 2](#)
- [NACDD’s Move More COVID-19](#)

Potential payors

In some cases, you may have existing internal resources, or contributions to grants to cover the expense of implementing WWE. However, you may also wish to seek funding support from other entities. In order to do so, it is important to have crafted a tailored value proposition. A value proposition is a business or marketing statement that an organization uses to summarize

why a potential payor should buy a product or use a service like WWE. This statement convinces a potential payor that one particular program will add more value or better solve a problem than other similar programs. A value proposition can also be used by a wellness coordinator with senior management and boards of advisors to justify why organizational funding and efforts are being employed for one program rather than another. There is no one-size-fits-all for a value proposition; it must be customized for each target audience. NCOA has created an [overview of value propositions](#), steps to creating them and some general examples.

Listed here are examples of WWE value propositions. They are used with permission and may be adapted for your use and target audiences.

Example 1 | [North Carolina Center for Health and Wellness’s Value Proposition](#)

This value proposition was designed for use for various potential program purchasers.

Example 2 | [Medworks, NACDD and the Greater Philadelphia Business Coalition on Health](#)

This presentation was compiled to showcase WWE to a group of business coalition members.

This example of making the value proposition with worksites was prepared by MedWorks Consulting. It targets the broader issue of musculoskeletal conditions and how managing pain and stiffness in the workplace improves productivity and reduces costs. It identifies physical activity as an effective approach to dealing with symptoms and features the self-directed and enhanced formats of the WWE program as affordable, easy to implement approaches.

Additional marketing materials are available from other organizations and include:

- NCOA Issue Brief: [Implementing Evidence-Based Programs to Address Chronic Pain](#)
- CDC web page: [Marketing and Support for Arthritis Interventions](#)
- SAFER-HEALTHIER-PEOPLE™ PowerPoint presentation: [Weight Loss Messages in Knee OA: Attention-grabbing, Credible, Non-motivating](#), T. Brady.
- NACDD’s [Leveraging Partnerships to Develop a Sustainable Approach to Increasing Adoption of Arthritis Appropriate, Evidence-Based Interventions with Employers](#)

Clinical Providers

Some organizations work to create clinical linkages for referral of adults with arthritis to Walk With Ease. In support of these efforts, various entities have created materials that you can adapt and use for your planning and outreach with the clinical care sector. The National

Recreation and Park Association (NRPA) has produced [Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process](#). It is intended for health care providers and community-based organizations. This guide is based on a pilot implementation of an electronic health record (EHR) referral process where healthcare providers (HCPs) identify and refer individuals with arthritis to evidence-based programs; in this example, the programs are offered through local parks and recreation. It provides a step-by-step guide on how to replicate the EHR referral process that does not require sharing of personal health information. It also includes sample communication materials, tips and lessons learned from the piloting organizations, a pilot site case study, resources for developing and maintaining healthcare partnerships and a glossary of relevant terms.

Other resources for engaging clinical providers include:

- OAAA Walk With Ease issue brief for [Clinical Providers](#)
- APTA Walk With Ease Fact Sheet for [Clinical Providers](#)
- APTA Walk With Ease Fact Sheet for [Patients](#)
- Salt Lake County Aging & Adult Services [Prescription Pad](#)
- NACDD's Walk With Ease Technical Assistance Materials for Physical Therapy Practices, August 2019
 - [Decision Aid](#) – Choosing a Walk With Ease Format
 - [Messaging](#) – Onboarding Clinics and Recruiting Participants
 - [Readiness Assessment](#) – Questionnaire
 - [Timeline](#) – Sample Program Timeline

In addition, the OAAA has developed two toolkits for clinical providers that include content about Walk with Ease and other arthritis-appropriate interventions and making referrals to them. These toolkits can help inform your efforts to create clinical partnerships, advocate for OA, and market WWE and other arthritis-appropriate interventions.

- [The Pharmacy Toolkit](#): Pharmacists, as the most accessible healthcare providers, are in an ideal position to screen their clientele for OA, serve as educators and coaches regarding prevention strategies, counsel clients on the safe and effective treatment options available, and triage when necessary. The information conveyed in this toolkit gives the pharmacist ideas and guidance on how to assume a more *active* role in the detection, prevention, and treatment of OA.
- [The Osteoarthritis Prevention and Management in Primary Care Toolkit](#): Family physicians, internists, nurse practitioners, physician assistants, physical and occupational therapists, sports medicine professionals, and athletic trainers play a

critical role in detecting OA early and establishing management strategies with patients that may delay pain and stiffness and retain mobility and function. The toolkit includes educational information for primary care providers to expand their knowledge of OA and programs like WWE, as well as patient-facing handouts and resources that can help empower patients to engage in self-management strategies to complement clinical care.

Community Providers

In addition to the brief [Walk With Ease Class Zero orientation video](#) described above, the OAAA has also developed a one-hour [WWE Informational Webinar](#) (audio recording with slides) that provides more depth about the program and its logistics. If you are working to engage new partners in your efforts to disseminate WWE, you may consider sharing the link to this video with them, as it will provide a thorough overview of the program.

Worksites

In addition to the adapting the [AF WWE brochure](#) or the value proposition for worksites noted above, there are a range of materials available at the [CDC Worksite Health Promotion webpage](#). This site features the Worksite Health Promotion Resource Center, the Workplace Health Model, the Work@Health Training Program and the Worksite Health ScoreCard. The Worksite Health ScoreCard can be used with employers as a first step in helping them assess the status of their employee health and health promotion programming.

Additional guidance in making the case and working with employers can be found in the NACDD-sponsored hour-long webinar titled, [Public-Private Partnership to Advance Employee](#)

<p>Workplace Health Resource Center</p>  <p>Searchable, research-based tools and resources to help employers develop or expand a workplace health promotion program that supports their employees' physical, mental, emotional, and financial well-being.</p>	<p>Workplace Health Model</p>  <p>A comprehensive approach with interventions that address multiple risk factors and health conditions at the same time. The model recognizes that the interventions and strategies chosen influence each employee and the organization as a whole.</p>	<p>Work@Health Program</p>  <p>An employer-based training program to improve the health of participating employers and certified trainers, with an emphasis on reducing chronic disease and injury risk and improving worker productivity.</p>	<p>Worksite Health ScoreCard</p>  <p>A tool designed to help employers assess if they are implementing science-based health promotion interventions in their worksites to prevent heart disease, stroke, and related health conditions such as hypertension, diabetes, and obesity.</p>
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Health. The slides for the webinar are available [here](#) and the recording of the webinar can be found [here](#).

In addition, the Minnesota Health Department has created a [Toolkit for Worksite Coordinators](#) for WWE.

WWE PROGRAM EVALUATION

Walk With Ease Toolkit | MODULE 5

Evidence-based health promotion programs, such as *WWE*, have been rigorously tested in controlled settings and have published peer-reviewed findings that demonstrate that they are proven to be effective. Further, they have been translated into how-to manuals for implementation by organizations. The value and advantages of offering evidence-based health promotion programs are numerous:

- Enhances your confidence that the program will improve the health of your clientele
- Helps you justify the use of limited resources by using proven programs
- Helps make the case with potential implementation partners, referrers and potential purchasers
- Are likely to be more appealing to potential participants who want programs that are worth their time and effort.

For those new to conducting evaluation of evidence-based programs, these following resources provide an orientation to the process, but are not specific to *Walk With Ease*:

- [EBLC Non-Researcher’s Guide to Evidence-Based Program Evaluation](#)
- [NCOA Evaluation of Health Promotion Programs for Older Adults: An Introduction](#)
- [NCOA’s Center for Healthy Aging Evaluation Resources](#)

For evaluation of the *Walk With Ease* program, the OAAA has designed several materials that may be adapted for your needs. The [Walk With Ease – Full Data Collection Packet with Instructions](#) describes the role of the program administrator and the *WWE* Leader in collecting data and encouraging participants to complete program forms. It also includes the forms that OAAA uses to collect data on *WWE* participants and locations. These forms can be adapted for your use and are also listed and linked to below.

Many program administrators collect information (e.g., name, age, health conditions, etc.) about their participants at the start of the program (baseline) and then survey them again at end of the program (post-program) to gauge progress (in minutes of walking and symptom management) and

to assess program satisfaction. Below are long and short form versions of baseline and post-program surveys that can be adapted to your needs:

- [Walk With Ease Participant Information Form](#) (i.e., Baseline Survey)
- [WWE Post-Program Survey](#)
- [*NEW* Short Form Walk With Ease Participant Information Form \(i.e. Baseline Form\)](#)
- [*NEW* Short Form Walk With Ease Post-Program Survey](#)

Excel software can be used to compile participant data. Forms for this, based on the baseline and post-program forms, are provided below:

- [Walk With Ease – Monthly Reporting Template](#) (Excel)
- [*NEW* Short Form OAAA WWE Monthly Data Report Template](#)

TESTIMONIALS AND CASE STUDIES

Walk With Ease Toolkit | MODULE 6

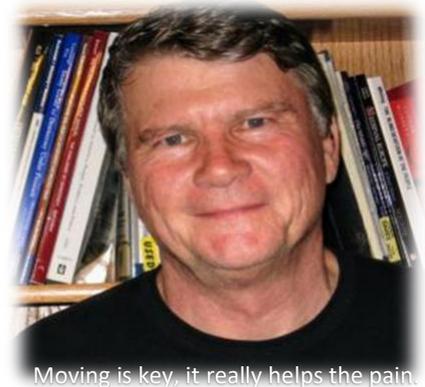
WWE Testimonials provided with permission from the North Carolina Center for Health and Wellness (NCCHW).

Q: Have you continued to use what you learned in this program?

I still use the stretches, and I walk all I can every day. My goal is to be in better shape at 75 than I was at 65.

Q: How did the program help your understanding of chronic conditions?

It confirmed what I already knew. I already had an understanding of my conditions and knew you have to move. Moving is key, it really helps the pain. When you move, it keeps your joints open and expels chemical build-up. When you are walking you move all of your joints and keep everything free.



Moving is key, it really helps the pain.

When I started the program I could hardly walk one lap around the arena even using walking sticks. By the end, I was among the faster ones and I could walk extra laps.

Q: What is one thing you would like others to know about this program if they are considering participating?

It was enjoyable. It's good to get together and have people to talk to. I would've ended up in a wheelchair if I didn't keep moving and being active, the program helped me to keep active.



Q: What was the most helpful part of the Walk With Ease program?

The gentleness. There was no pressure. Structure was great too, having the book to read and walking 10 minutes at a time and not all at once. The FITT tool (frequency, intensity, time, type) was helpful to let me know I was doing too much and I learned to only increase one aspect at a time.

Q: Will you continue to use what you learned in this program?

Absolutely. I will still do the stretches. Before taking this class I was in pain all the time. I would overdo it and then be in pain and unable to get up for days. Now I do 10 minutes at a time and I feel so much better. I would like to teach this program in the future because I want people to know it helps. Just follow the program. Do what you can, even if it is only for a minute.

Comments from WWE Leaders and Administrators:

- “[Our] participants seem to be really enjoying the workshop and making improvements in their health.”
- “[We] have many repeaters (some a 3rd time!). They are all enjoying the class and learning from them.”
- “We have one participant who was not walking any more than around the grocery store before joining the class. She walks with a walker but is already up to over a mile of walking! That’s fantastic progress for her!”
- “[It’s] going well at the local church –80% of registrants (about 10) consistently appear, and they are all making strides (pun intended) in the distance they can walk and with the ease in which they can walk. It helps that almost all of the registrants are also congregants at the Church, as is the Leader. Therefore, she is able to remind them on Sundays or check in with them one-on-one if they miss a session.”
- “I heard from center staff about a participant that started the Walk With Ease program walking with a cane and they noticed by the end of the class, she was no longer using her cane to walk with the group. Other participants mentioned that they ‘enjoyed the program’ and another thought the class was “very fun.”

Comments from Instructor-led/Group WWE Participants:

- “It gets me up and gets me going. It is so easy to just sit.”
- “It has been very helpful if you struggle with arthritis.”
- “I like the group discussion. It is a tremendous program of good walking and fellowship. I would highly recommend it to anyone.”
- “The program has made a huge difference in my being able to walk more and easier.”
- “The program got me walking with more regularity. I like walking three days a week in class with others.”
- “I found the stretches valuable and try to do them when I walk outside of class.”
- “I found it to be a lot of fun because of the people you meet. It helps ease my pain.”
- “Back in February I found out I was a diabetic and had several conversations [with the program administrator] about Walking with Ease. At this point I went to their first meeting at the Congregational Church and decided it was time to do something about the way I was eating and not getting any exercise in. I changed my eating habits by omitting fried foods, desserts, candy, etc. I started walking every day. I started watching my carbs and sugar intake. As of September 6th, I have lost 62 pounds and I'm still walking every day and still watching what I eat. It has been a long hard road for me to do this. Because I like my sweets. But I feel so much better.

I don't think I would have done the Walking with Ease if [the program administrator] hadn't kept after me to come to the meeting. I want to thank her for the encouragement. I kept telling her I couldn't walk because I have osteoarthritis in both knees. Today my knees are better and don't ache like they used to. Plus, my sugar is under control...I want to thank you guys for that first meeting and the encouragement you showed me. It means a lot to me. You are always in my heart and prayers.”

- “I learned a lot from this program this year. I wasn't aware of my habits until I started keeping track of them on paper. I am more active than I realized including going

kayaking, helping my mother, walking with my daughter, and spending time with my granddaughter. Thank you again for sharing this program with us here.”

- “Walking gave me more willpower to cut out drinking soda, as I was trying to not only become more physically fit but lose some belly fat. I now have lost and will continue to try lose more. Win-win situation!”
- “I just love talking to all of you! My depression is always better when I get out and talk with people.”
- “My endurance has improved.”
- “I just feel better all-around after walking with this group.”
- “I am happy with the book and especially like how easy it is to figure out the stretching exercises”

Comments from Self-Directed WWE Participants:

- "I was able to increase my endurance, and distance over the 6-week walking period."
- "I'm pleased with the progress I've made and especially that walking did ease the pain I experienced when I was more sporadic, not systematic in my exercise routine."
- "This helped me be more intentional about walking."
- "It was good motivation to consistently walk every week."
- "... this program has given me an opportunity to test and prove that exercise does help - not hinder - pain from arthritis."
- "This program made a difference in my life (health-wise)."
- "I found that I slept better when I walked regularly."
- "I enjoyed the program very much and it has encouraged me to continue walking."
- "It was a fun time of exercise and interaction (when walking with others)"

WWE ARTICLES

Walk With Ease Toolkit | MODULE 7

A robust annotated bibliography of all articles addressing WWE can be found [here](#).

IDEAS AND RESOURCES BEYOND WWE

Walk With Ease Toolkit | MODULE 8

WWE may be just part of your overall strategy to support persons with Arthritis. If you are interested in learning about some of other resources for planning and implementing programming beyond *WWE*, please check out the following:

- [OAAA Physical Activity Implementation Guide](#)
- CDC Recommended Community Strategies and Measurements to Prevent Obesity in the US: [Implementation and Measurement Guide](#)
- [Walkability Audit for Arthritis](#)
- [Arthritis Foundation](#)
- [Centers for Disease Control and Prevention](#)
- [CDC-Funded State Arthritis Programs](#)
- [Evidence-Based Leadership Council](#)
- [NRPA Arthritis Intervention Grants](#)
- [NACDD Arthritis Project](#)
- [NCOA Center for Healthy Aging](#)
- [YMCA of the US: EnhanceFitness](#)
- [NC Center for Health and Wellness](#)

Program Bundling

Offering WWE may be a first step or part of an organization's larger, comprehensive approach to addressing chronic conditions and advocating for a lifestyle of physical activity for its clientele. "Bundling" is an approach whereby two or more evidence-based programs are offered sequentially. For example, some organizations have found that bundling the low-impact WWE program with EnhanceFitness or Fit & Strong! provides a continuum of increasingly challenging physical activity programs. Others have bundled self-management programs such as CDSMP, CPSMP and DPP with WWE as a way to motivate participants to increase physical activity, a key component of most chronic condition management.

Beyond Walk With Ease: Other Arthritis Appropriate Evidence-Based Interventions (AAEBIs) or Lifestyle Management Programs

The Arthritis Program at the Centers for Disease Control and Prevention promotes recognized, evidence-based programs that are proven to improve the quality of life of adults with arthritis and helps make them available in communities across the country. The Arthritis Program established two categories of programs that aim to improve the quality of life of adults with arthritis: **recommended programs** that have been proven to enhance the quality of life of adults with arthritis, and **promising programs** with evaluation data that are building the infrastructure to support program delivery across the country. Over time, promising programs may be elevated to a recommended status. These two groups of programs are further categorized as **self-management education** or **physical activity**. The CDC list of such programs is available [here](#).

The **Administration for Community Living** likewise maintains a list of evidence-based health promotion programs for adults, some of which may be appropriate for adults with arthritis. Definitions, criteria used, and a list of ACL-approved programs is available [here](#).