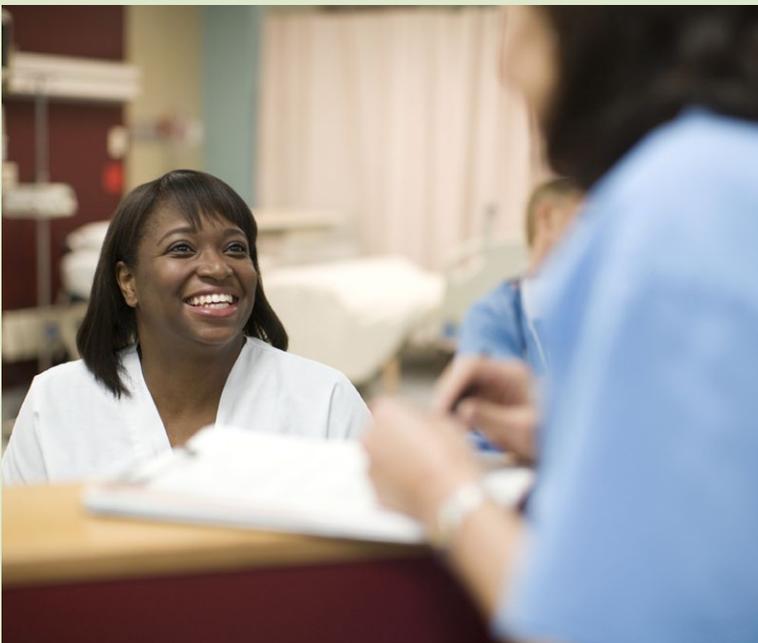


PHONE CALL AND OUTREACH VISIT SCRIPTS

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

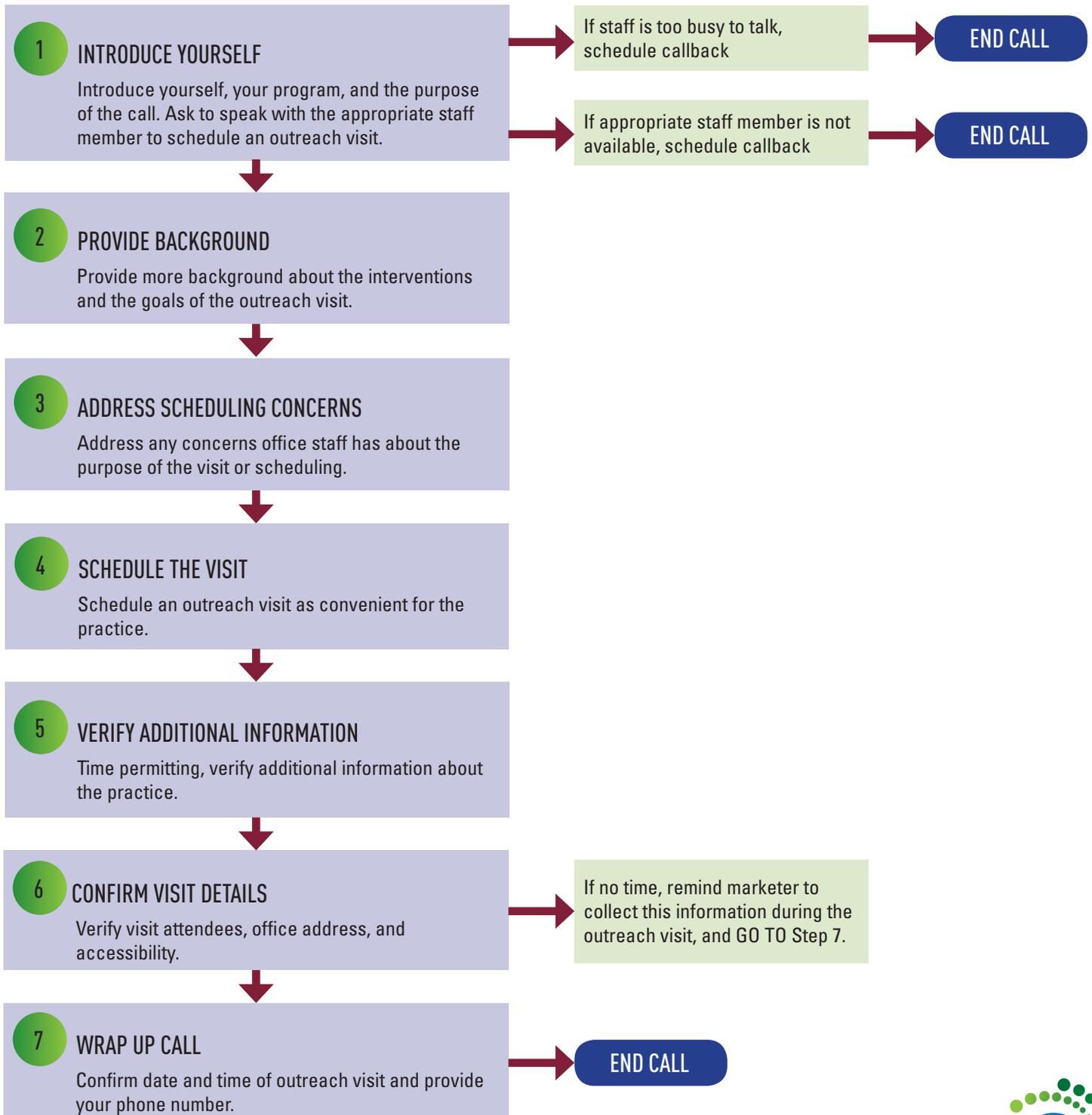
Purpose

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



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**

✦ **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.”



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].”



OUTREACH VISIT WITH PROVIDERS

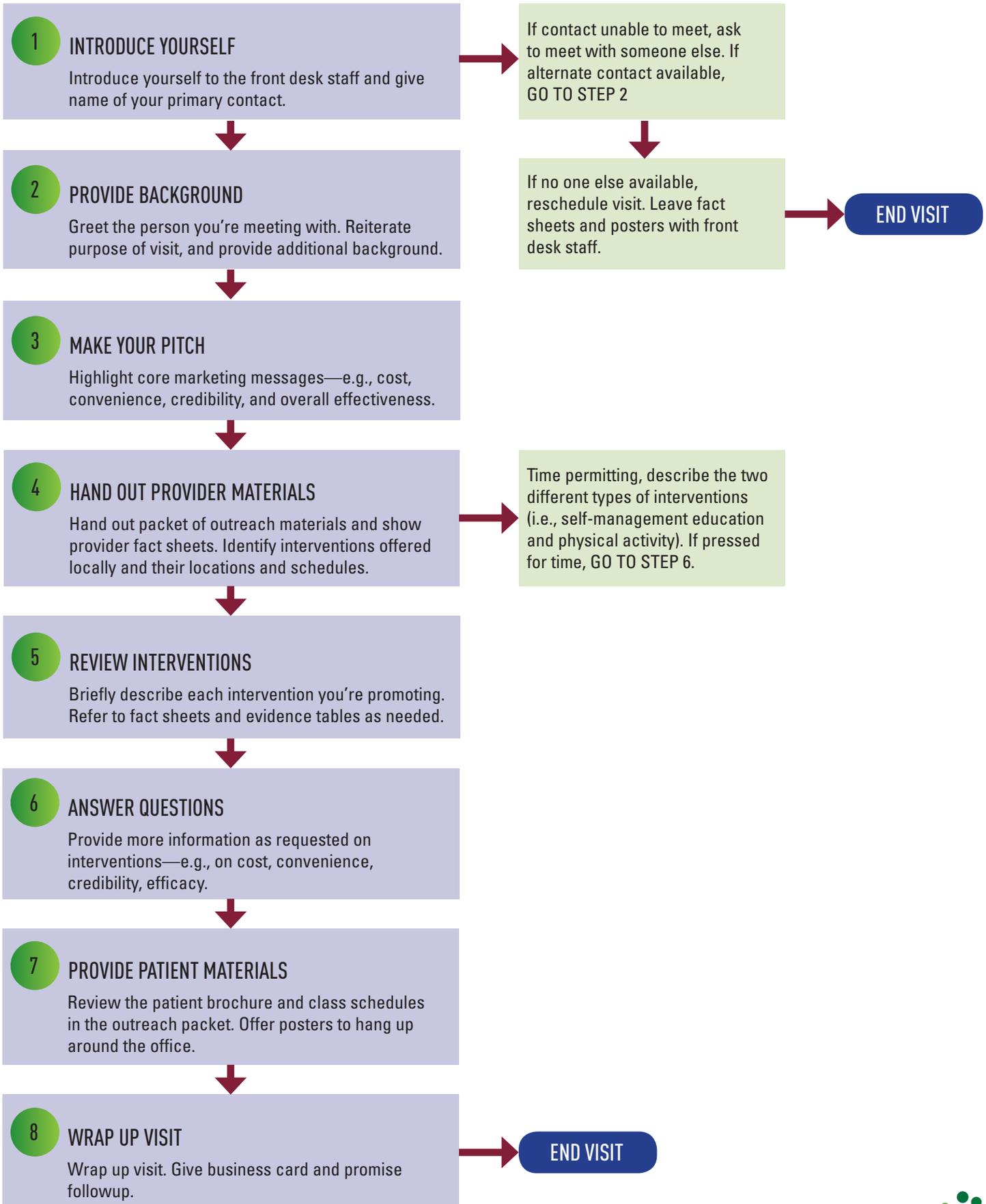
Purpose

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



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**

★ **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.**

✪ **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