



Experience the
Walk With Ease Program
Arthritis Foundation Certified.
Doctor Recommended.

WALK WITH EASE

a program for better living



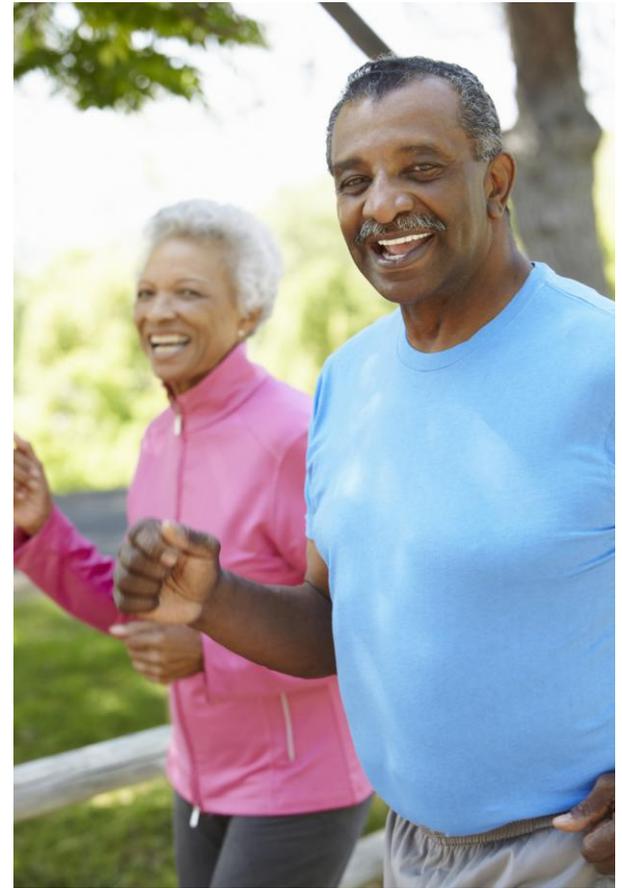
ABOUT THE PROGRAM

Why Walk With Ease?

Program Overview

Walk with Ease

- The only evidence-based walking program that includes physical activity and self-management education components
- Licensed Program of the Arthritis Foundation
- CDC Approved Intervention



Program Overview

Walk with Ease - Program Goals

Four Key Program Components

1. Health information
2. Walking
3. Exercises
4. Motivational strategies

Program Overview

Walk with Ease - Program Goals

- Health Education
 - Physical activity
 - Self-management skills
- Behavior – Change
 - Continued participation in walking
 - Use self-management skills
- Connections
 - Link to other evidence-based physical activity and self-management programs

Program Overview

Program Audience

Walk With Ease is designed to help individuals:

- ▶ With arthritis
- ▶ With other chronic health conditions such as diabetes, heart disease , and hypertension
- ▶ Who want to make walking a daily habit
- ▶ Who want a structured walking program
- ▶ Range from beginners to the physically fit
- ▶ Able to be on their feet for 10 minutes without increased pain

Program Overview

Participant Benefits

▶ Knowledge

- ▶ Basics about arthritis
- ▶ Relationship between arthritis and exercise
- ▶ Exercise safely and comfortably, including stretching and strengthening
- ▶ Additional programs and resources

▶ Action

- ▶ Goal-setting
- ▶ Problem-solving
- ▶ Personal walking plan – walking contract & diary
- ▶ Tips, strategies, and resources to help overcome barriers
- ▶ Online support

Program Overview

Page 9 of Walk With Ease Participant Workbook

Walk With Ease Recommended Program Schedule							
	Weeks						After the 6-week program
	1	2	3	4	5	6	
Read Chapters 1, 2, and 3	x						
Do your Starting Point Self-test (Chapter 1)	x						
Set up your walking plan (Chapters 2 and 3)	x						
Walk! Try to walk at least three days a week.	x	x	x	x	x	x	x
Do the 5-Step Basic Walking Pattern each time you walk (Chapter 3)	x	x	x	x	x	x	x
Follow the FITT principles each time you walk (Chapters 3 and 5)	x	x	x	x	x	x	x
Keep your walking diary each time you walk (Chapter 3)		x	x	x	x	x	x
Read Chapters 4, 5, and 6		x					
Measure your fitness level in weeks 2, 4, and 6, and periodically after the program is over		x		x		x	
Monitor your walking intensity and walking progress (distance, time). (Chapters 3, 4, and 5)		x	x	x	x	x	x
Do a midway assessment of your progress using your walking diary, walking plan, and monitoring techniques (Chapters 3, 4, 5, and 6)					x		
Do your Ending Point Self-test and set up your future walking plan. (Chapter 6)						x	
Maintain your walking plan							x

PART 1: Program Overview

Walk with Ease Session Structure

Order of Session Activity	Action Duration
Pre-class socializing & Attendance	5 – 15 minutes
Welcome & Announcements	2-5 minutes
Health Education - Lecturettes	5-10 minutes
5-Step Walking Pattern	
1. Walking Warm-Up	3-5 minutes
2. Warm-Up Stretches	4-5 minutes
3. Walking Activity	5-30 minutes
4. Walking Cool-down	3-5 minutes
5. Cool-down Stretches	7-9 minutes
Closing	5 minutes
After-class socializing	5-15 minutes
Total:	Approx. 45- 105 minutes

Program Overview

Walk with Ease

Group Program *(program fidelity)*

- Trained Leader
 - Leaders can instruct the classes independently or with another trained Leader
 - Leaders follow the script of the Leader's Guide
 - Don't add or delete content
- Structured as a six-week program
 - Group format meets three times a week
 - Total of 18 sessions
 - 45-60 minute sessions
 - Recommended class size: 12- 15
 - Program workbook
 - *Spanish workbook also available*

HOW DO I GET IT TO MY SITE?

Managing the Program

Managing the Program

Walk With Ease Site Agreement

1. Agreeing to implement the essential components of the program
2. Arthritis Foundation site visit/site agreement signed
3. Send a staff or volunteer to be trained in the walking program
4. Deciding when and where to hold sessions
5. Helping to advertise for and recruit participants
6. Considering the use of incentives
7. Managing program forms and records

Managing the Program

About the Training

- 5 hour in-person training
- \$65 to be trained
- CPR certified
- Material available in English/Spanish
- Have a site with an agreement where they will lead the walk
- Offer a minimum of one six-week walk program a year
- Submit all forms to Arthritis Foundation

Managing the Program

Walk With Ease Leader's Agreement

- Program must be delivered as designed to assure that participants will experience proven benefits
- Walk Leaders are to follow the script, do not add or eliminate content
- Sign agreement attesting to fidelity

Managing the Program

When and Where to Hold Sessions

- Consider schedule appropriate for people with arthritis
 - Negotiate schedule, if feasible, at first class
 - May need to avoid mornings
- Variety of locations
 - Malls, senior & community centers, neighborhoods, churches, parks, worksites, etc.
- Other considerations (walkability assessment)
 - Noise, places to sit, accessibility, nearby bathrooms, insured areas
 - Route should be an easy walking surface

Managing the Program Implementation Check-List



Walk with Ease - Check List



Date of Completion	Walk With Ease (WWE) Activity
Initial Tasks	
	Contact local Arthritis Foundation Program Director
	Sign and send Co-Sponsorship Agreement to Arthritis Foundation (AF)
	Complete Walkability Assessment with AF
Leader Recruitment and Training	
	Recruit Walk With Ease (WWE) Leader(s)
	Obtain WWE Leader Manuals, posters, and other workshop materials
	Complete WWE Leader training
	Place WWE Evaluation Survey and Protocol in WWE Leader Manual
	Copy/Provide any WWE Leader Training Forms and send to AF
	Copy/Provide CPR Forms and send to AF
Program Implementation Tasks	
	Schedule WWE class series
	Inform AF about WWE class series details (date, location, leader)
	Develop and implement plans to promote WWE
	Develop and implement plans to register WWE participants
	Schedule kick-off event (if applicable)
	Promote kick-off event and pre-register participants
	Obtain WWE participant workbooks, incentives, other selected supplies that require advance ordering
	Implement WWE class series
	One week prior to end of the class series, contact WWE leader and review data collection requirements
	Distribute WWE Evaluation Survey to all WWE participants. Use WWE Evaluation Survey Protocol script provided to describe and assist participants in completing survey
	Submit WWE Evaluation Surveys to AF no more than 2 weeks completion of WWE class series
	Complete and submit WWE Leader/Class Forms to AF for WWE Leader certification

Managing the Program

- Advertising/Recruiting
 - Brochure and Fact Sheet
 - Identifying partners who can help
- Sponsorship
 - Provide a variety of assistance and/or donated items
- Incentives
 - Use for rewards for attendance or making progress

Managing the Program

Posters/Flyers/Advertisements

WALK WITH EASE
a program for better living

Experience the Walk With Ease Program
Arthritis Foundation Certified.
Doctor Recommended.



"When I started the program, I was afraid to walk very far because of my knee pain. But Walk With Ease helped me start slow and build up gradually. Now I am confident in my ability to walk easily without making my arthritis worse."
— Walk With Ease participant

The Arthritis Foundation Walk With Ease Program is an exercise program that can reduce pain and improve overall health. If you can be on your feet for 10 minutes without increased pain, you can have success with Walk With Ease.

Benefits to You
Walk With Ease will help you:

- › Motivate yourself to get in great shape
- › Walk safely and comfortably
- › Improve your flexibility, strength and stamina
- › Reduce pain and feel great

Classes are one-hour each. Three times per week for six weeks.




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Managing the Program

Program Material - Ordering Guidelines



Walk With Ease Program Materials Order Form

Standard WWE Items –

Please make orders through: www.afstore.org

Description	Item	Price
Walk With Ease Participant Book Item #: 835.217		\$11.95 each* (See Bulk Order Pricing Option p.3)
Walk With Ease Marketing Brochure Item #: 835.217		\$8.50 per lot of 25
Walk With Ease Blk & Wht Posters Item#: 730.5103	Posters (19 – 11 x 17) pages folded	\$1.50 each set
Walk with Ease Starter Kit Item ID: 835.280 <i>The Walk With Ease Starter Kit is designed for people looking to start Walk with Ease. Kit includes Walk With Ease guidebook, workbook, pedometer with clock, reflective shoe wallet and slap-band, bookmark, and reusable drawstring bag</i>		\$24.95
Walk with Ease Bonus Kit Item ID: 835.281 <i>Bonus kit is designed for people that already own the Walk With Ease participant guidebook and are looking for additional tools to help them maintain their walking program. Kit includes workbook, pedometer with clock, reflective shoe wallet and slap-band, bookmark, and reusable drawstring bag</i>	 Water Bottle and WWE guidebook NOT included	\$14.95

Page 1 of 3

Other Promotional items –

To order online: www.incentives.afgear.org

To order by phone: 1-888-735-2908

Arthritis Foundation Home Help Contact Us

Arthritis Foundation
Life. Hope. Inspiration. Progress.

Description	Item No.	Price
1. Totebag	AL-0002	\$4.50
2. Waterbottle	AL-0004	\$1.90
3. Lanyard	AL-0006	\$1.29
4. Blank ID Holder	Form: 0298	\$.44
5. Promotional Pen	AL-0007	\$.32
6. Jar Opener	AL-0008	\$.60
7. T-shirt*	AL-001	\$5.83
8. Draw Bag	AL-0013	\$5.83

* Shaded item requires only call for sponsor reprinting information

Click Here for Printed Copy

APPAREL AND MERCHANDISE

1. Totebag
2. Waterbottle
3. Lanyard
4. Pen
5. T-shirt
6. T-shirt
7. Draw Bag

* Call for pricing to self sponsor(s) and any other pricing options.

To order online: www.incentives.afgear.org
Phone orders: (888)735-2908 Fax (770)924-1564

Page 2 of 3

Bulk Order Pricing Option

"Walk with Ease: Your guide to walking for better health, improved fitness and less pain"
(Participant Book)



Pricing

Less than 100 - \$11.95
100 – 499 - \$10.75
500 – 999 - \$9.50
1,000 – 2,499 - \$7.25
2,500+ - \$6.50

Bulk discounts will be applied to partial orders when the letter of agreement between the co-sponsoring agency and the Arthritis Foundation includes a commitment to a total bulk quantity ordered over a 2-year period. Example: if you plan to order 5,000 books over 2 years but only need to order 500 now, you will be charged \$6.50 per book vs. \$9.50 per book.

Shipping costs added to all orders.

To Order:

Submit purchase orders to:
Terry Earley
Arthritis Foundation, National Office
1330 West Peachtree St., Suite 100
Atlanta, GA 30309
tearley@arthritis.org
404-965-7609 – direct

Questions?

Please contact your Local Arthritis Foundation Program Director



Page 3 of 3

Managing the Program

Managing Program Forms and Records

- Participant Release Forms
- Program Information Form
- Others:
 - Application Form
 - Attendance Log
 - Participant Program Evaluation Forms

Managing the Program

Participant Release Form

Event Code:

(For Office Use Only)



Participant Release Form

Bold-faced and starred* items must be completed. Please print one letter per box.

(Mr Mrs Ms) **First Name ***

Last Name * (Jr II etc)

Home Street #* Home Street Name * Apt. Number

City *

Zip Code * State * Birthdate (MM DD YYYY)

Home Phone Number Business Phone Number

Email Address

Privacy Notice: The Arthritis Foundation respects the privacy of each class participant. To indicate your preferences fill in the appropriate bubbles. Your responses to the following questions will assist the Arthritis Foundation to improve the lives of people with arthritis and related diseases.

I would like more information about the Arthritis Foundation: Yes No

May the Arthritis Foundation share your name with other organizations/sponsors? Yes No

I am interested in being an Arthritis Foundation advocate (requires email address): Yes No

I am interested in being an Arthritis Foundation volunteer: Yes No

Do you have arthritis? Yes No

If yes, please select which type: Osteoarthritis/degenerative (OA) Rheumatoid Arthritis (RA)
 Juvenile Arthritis (JA) Other: _____

How did you find out about this program? Flyer Friend Health Care Provider
 (Check all that apply) Mailing Newsletter Newspaper Radio
 Television Website Other

Ethnic Background: African American Asian American Caucasian
 Hispanic/Latino Native American Other

My signature below indicates I have read and accept the Arthritis Foundation Release on page 2 of this form.

Signature * (if under 18, parent or guardian must sign)

Today's Date * (MM DD YYYY)

10001

Page 1 of 2

Participant Release Form

I understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise or education program. I am aware of these risks and agree that my participation is at my own risk. I hereby agree that neither the Arthritis Foundation, nor any co-sponsoring agency or facility, nor their respective chapters, officers, directors, employees, agents, members or volunteers, shall assume or have any responsibility or liability for the expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in the Arthritis Foundation program, regardless of where any injury occurs or whether any such injury occurred in a formal or informal program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge the Arthritis Foundation (and any related entities) and any co-sponsoring agency or facility (as well as their agents, employees and volunteers) from any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this or any future Arthritis Foundation program.

I understand that this Participant Release Form has important legal consequences and limits my ability to recover money if I am injured as a result of my participation in this program. I have been given the opportunity to discuss its terms and consequences with an attorney of my choosing if I wish to do so.

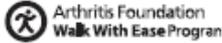
I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

I understand and agree that the goal of the Arthritis Foundation and the co-sponsoring facility is to provide a safe program environment free from disruption or harassment. To this end, the Arthritis Foundation and the co-sponsoring agency reserve the right to deny admission to those individuals whose behavior is disruptive, or who harass other program members or staff.

I understand and agree that a copy of this form will be provided to the Arthritis Foundation as well as any co-sponsoring agency or facility. The Arthritis Foundation (and any related entities) and any co-sponsoring agency or facility may rely upon this Participant Release Form.

Managing the Program

Application Form

					
ARTHRTIS FOUNDATION					
Participant Application Form					
Please complete all sections. Please print clearly.					
First Name		MI	Last Name		
Mailing Address					
City		State		Zip	
Home phone ()		Work phone ()		Cell phone ()	
E-mail			Date of birth		
In general, would you say your health is					
<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
Do you use an assistive device for walking (i.e. a cane)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please briefly describe your current activity level and any physical limitations and/or health conditions you might have that would influence your participation in this program.					
In case of emergency, please call:					
Name:					
Phone:					
Relationship to you:					

Managing the Program

Program Information Form



ARTHRTIS FOUNDATION®
Take Control. We Can Help.™

Event Code

For Office Use Only

Program Information Form

Date Completed (MM DD YYYY)
 - -

Instructor/Trainer or Site Coordinator to Complete. Please print one letter per box.

Check which type of class: Program Training Workshop

Check which type of program:

Arthritis Foundation Aquatic Program Arthritis Foundation Self-Help
 Arthritis Foundation Exercise Program Arthritis Foundation Walk with Ease
 Arthritis Foundation Tai Chi Program Other _____

Is this an ongoing class? Yes No

MM DD YYYY MM DD YYYY
 If No, Series/Workshop Start Date: - - End Date: - -

How many times per week does your facility offer this program?

On what days and times is the program offered?

M _____ Tu _____ W _____ Th _____ Fr _____ Sa _____ Su _____

Facility Name

Street Number Street Name County

City State Zip Code

Primary Instructor/Trainer First Name Last Name

Instructor Phone Number - - Email Address

Other Instructor/Trainer First Name Last Name

Other Instructor/Trainer First Name Last Name

Site Coordinator First Name Last Name

Site Coordinator Phone Number - - Email

Quarter	New Participants	Ongoing/Repeaters <small>(Optional 2nd 3rd 4th Qtr)</small>
1st <small>(Jan 1 - Mar 31)</small>	<input type="text"/>	<input type="text"/>
2nd <small>(Apr 1 - Jun 30)</small>	<input type="text"/>	<input type="text"/>
3rd <small>(Jul 1 - Sep 30)</small>	<input type="text"/>	<input type="text"/>
4th <small>(Oct 1 - Dec 31)</small>	<input type="text"/>	<input type="text"/>

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Managing the Program

Participant Program Evaluation – English



Walk With Ease Survey

Congratulations on completing the Arthritis Foundation *Walk with Ease* program. We are using this survey to gather information on your experiences with *Walk with Ease*. Your responses will be anonymous, and we will use the information to help improve the program. Thank you for taking the time to complete this brief (1-2 minute) survey.

Questions 1 – 10, please check the appropriate response.

1. As a result of completing the *Walk with Ease* program, how confident are you that you will continue walking?

- Very Confident Somewhat Confident Not Very Confident Not at all Confident Don't Know/Not Sure

2. Thinking about the next 30 days, how many days per week do you plan on walking?

- Less than 3 days/week 3-4 days/week 5 or more days/week None

3. Thinking about the next 30 days, how many minutes per day do you plan on walking?

- Less than 10 min/day 10-15 min/day 16-30 min/day More than 30min/day None

4. Compared to when you began the *Walk with Ease* program, how would you rate your physical pain now?

- Better Slightly Better No Change Slightly Worse Worse

5. Compared to when you began the *Walk with Ease* program, how would you rate your fatigue level now?

- Better Slightly Better No Change Slightly Worse Worse

6. Compared to when you began the *Walk with Ease* program, how would you rate your overall mood now?

- Better Slightly Better No Change Slightly Worse Worse

7. Has a doctor, nurse, or other health professional ever told you that you have any of the following? Check all that apply.

- Arthritis High Blood Pressure High Cholesterol Diabetes Pre-Diabetes

- Asthma Anxiety and/or Depression Other Don't Know/Not Sure None

WWE 2012 -1

Turn page for additional questions



8. What is your gender?

- Male Female

9. What is your age group?

- Under 18 years 18 to 44 years 45 to 64 years 65 and older

10. Which one or more of the following would you say is your race or ethnicity? Check all that apply.

- American Indian or Alaskan Native Asian, Hawaiian or other Pacific Islander White

- Black or African American Hispanic or Latino/Latina Other

Thank you for completing the survey.
Please return the survey to your *Walk with Ease* program leader.

WWE 2012 - 2

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Managing the Program

Participant Program Evaluation – Spanish



Encuesta Camine con Gusto

Felicidades por completar el programa de la Fundación de Artritis Camine con Gusto (Walk With Ease). Estamos utilizando esta encuesta para obtener información sobre sus experiencias con Camine con Gusto (Walk With Ease). Sus respuestas serán anónimas, y vamos a utilizar la información para ayudar en mejorar el programa. Gracias por tomar el tiempo (1-2 minutos) para contestar esta breve encuesta.

Preguntas 1 – 10, por favor indique la respuesta apropiada.

1. Como resultado de completar la caminata con el programa Camine con Gusto (Walk With Ease), ¿que tan seguro/a esta usted de que continuará caminando?

Muy Seguro/a Algo Seguro/a No Muy Seguro/a No estoy Seguro/a No se/No estoy Seguro/a

2. Pensando en los próximos 30 días, ¿cuantos días por semana tiene pensado caminar?

Menos de 3 días/semana 3-4 días/semana 5 o mas días/semana Nada

3. Pensando en los próximos 30 días, ¿cuantos minutos por día tiene pensado caminar?

Menos de 10 min/día 10-15 min/día 16-30 min/día Mas de 30min/día Nada

4. En Comparación a cuando usted comenzó el programa de Camine con Gusto (Walk With Ease), ¿Cómo calificaría su dolor fisico hoy?

Mejor Un Poquito Mejor Ningun Cambio Poquito Peor Peor

5. En Comparación a cuando usted comenzó el programa de Camine con Gusto (Walk With Ease) ¿Cómo calificaría su nivel de cansancio hoy?

Mejor Un Poquito Mejor Ningun Cambio Poquito Peor Peor

6. En Comparación a cuando usted comenzó el programa de Caminar con Facilidad (Walk with Ease), ¿Cómo calificaría su nivel de estado de animo hoy?

Mejor Un Poquito Mejor Ningun Cambi Poquito Peor Peor

7. ¿Algún doctor, enfermera, u otro profesional de la salud le a dicho alguna vez que usted tiene alguno de los siguientes? Por favor indique todo lo que aplique a usted.

Artritis Presión Arterial Alta Alto Colesterol Diabetes Pre-Diabetes
 Asma Ansiedad y/o Depresión Otro No se/No Estoy Seguro/a Ninguno



8. ¿Que es su género?

Masculino

Femenino

9. ¿Con cual grupo de edad se identifica?

Menos de 18 años

18 a 44 años

45 a 64 años

65 o Mayor

10. ¿Cuál o cuáles de las siguientes diría usted que es su raza o grupo étnico?

Indique lo que le corresponda.

Indio Americano o Nativo de Alaska

Asiático, Hawaiano o otra Isla del Pacifico

Blanco

Negro o Afro-Americano

Hispano o Latino/Latina

Otro

Gracias por completar esta encuesta.
Por favor devuelva la encuesta a el líder del programa
Camine con Gusto (Walk With Ease).

Managing the Program

Participant Program Evaluation – Administration Protocol



WALK WITH EASE Evaluation Survey Protocol

Walk with Ease Leaders:

Thank you for participating in the Arthritis Foundation (AF), *Walk with Ease* program. Evaluation is essential in determining the effectiveness of the program. In order to evaluate what changes in participant behaviors may be sustainable as a result of having taken *Walk with Ease*, please distribute the two-sided *Walk with Ease* evaluation survey to *Walk with Ease* participants.

SESSION 18 – Last Day of Class

Insert this Evaluation Survey Protocol and the *Walk with Ease* Evaluation Survey in your Leader Manual (pg. 163) to assist you in administering the survey to all participants. This is a replacement for Session 18, Section 4 Group activity: Program Evaluation in your leader manual.

**If a participant advises you that they will be unable to make last session, please administer survey in advance to that participant.*

**To ensure non-biased responses from participants, please adhere closely to the script provided when describing the purpose of the survey.*

4. Group Activity: Program Evaluation

Distribute the *Walk with Ease* Evaluation Survey.

READ the following:

"It is important to us to understand how to help improve the program and how to help others with chronic health conditions. This brief (1-2 minute) survey is anonymous and we will not be sharing individual responses.

For questions 1 through 6 - Check only one response

For questions 7 - Check all that apply

For questions 8 & 9 – Check one response

For question 10 - Check all that apply

If you need any assistance in completing the survey, I can help you, or if you prefer to have a fellow participant assist you, please let me know. I would like to have a volunteer collect the completed surveys and place them in the envelope I have provided.

Thank you all for attending *Walk With Ease*. Please tell your friends and family about the program. It's been a pleasure being your leader."

DATA COLLECTION

Send data packet to local Arthritis Foundation representative, unless otherwise instructed. Be sure to include Program Information Form (cover sheet), Participant Release Forms, and *Walk with Ease* Evaluation Survey within the submitted data packet.

WWE Protocol 2012

Managing the Program

Arthritis Foundation Leader Certification

- Successfully complete leader training
- Teach a WWE program within 6 months of this training
- Submit participant release forms, program information form, and program evaluations to local Arthritis Foundation Office
- Submit signed Certification Application Form and Agreement to local Arthritis Foundation Office

Managing the Program

How Much Will It Cost?

- \$65 - training
- \$50 – CPR training
- \$11.95 (plus tax/shipping) – per person for book (for 15 walkers)
- Approximately: **\$340** to start the Walk With Ease Program

Managing the Program

Other Options:

- Add incentive items (see attachment: “**Walk With Ease Program Materials Order Form**)
- Do a lending library once first set of books is ordered
- Write grants that support physical activity
- Get local businesses to sponsor your Walk Program
- Partner with a local Hospital or Medical Center to sponsor

WAIT!! THERE'S MORE....

- Walk With Ease can also be used as an employee wellness program
- Your employees will gain the same benefits!
- Builds employee moral
- Develop a supportive physically active environment
- Will help you and your staff understand the program better
- Can be group-led or self-directed
- Online resources available

Arthritis Foundation Websites – Online Resources

www.arthritis.org/wwe

<http://lmt.arthritis.org/>

Print Email a Friend Share Tweet +1

Walk With Ease

The Arthritis Foundation's Walk With Ease program can teach you how to safely make physical activity part of your everyday life. Designed for people with arthritis and other chronic conditions, Walk With Ease will provide support, information and tools to help you succeed.

The Program



Find out how Walk With Ease can make a difference in your life – in a format that is right for you and your lifestyle.

Online Tools



Use these interactive tools to take your starting and ending point self-tests and complete your contract.

Additional Resources



Purchase a Walk With Ease Kit or print resources from your guidebook.



Walk With Ease on Facebook

Connect with other Walk With Ease participants and leaders, find tips to keep you walking and more.

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a program for better living

ARTHRITIS
FOUNDATION®

Questions?



CONTACT

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Senior Program Director
Arthritis Foundation
Los Angeles Office
800 W. 6th St., Ste. 1250
Los Angeles, CA 90017
Cell: (818) 209-4368
mchaffee@arthritis.org
www.arthritis.org