

The overall goal of the Montana Arthritis Program (MAP) is to increase access to, and the use of, arthritis appropriate interventions among Montanans who have reported having arthritis. Addressing the burden of arthritis requires coordinated and collaborative efforts among many types of organizations. Together the Montana Arthritis Program and the Arthritis Foundation (AF) have partnered with sites throughout the state to implement the Arthritis Foundation Exercise Program (AFEP) and the Walk with Ease Program (WWE). For more information, please visit www.dphhs.mt.gov/arthritis.

- **AFEP** is a fun-filled, low-impact course that helps most people with arthritis increase their joint flexibility and find relief from arthritis pain and stiffness. Developed by experts, the Arthritis Foundation Exercise Program features gentle, joint-safe movements and can be adapted for various fitness levels.
- **WWE** is a fitness program that has been proven to reduce pain and improve overall health. WWE promotes education about walking safely and comfortably, arthritis self-management, and successful physical activity for people with arthritis. Classes begin with a pre-walk discussion, covering a specified topic related to exercise and arthritis, followed by a 10 to 40 minute walk that includes a warm-up and cool-down.

Before completing this application, please know you are required to comply with the following deliverables throughout the funding cycle. Please read carefully, ask questions if you have them, and check each box only if you agree fully to these terms.

- Site agrees to attend instructor trainings for AFEP and WWE, depending on which programs they will be offering.
- Site agrees to conduct designated interventions, collect and report required data on a quarterly basis.
- Site agrees to offer no less than four courses per year, per intervention.
 - If you are offering AFEP and WWE, this means that you would need to offer four courses of AFEP **AND** four courses of WWE in the time span of one year.
- Site agrees to meet participant target goals of 15 new participants for each course offered.
- Instructor agrees to participate in a 1-hour monthly call with the MAP/Arthritis Foundation staff and other site instructors.
- Following your initial AFEP and/or WWE instructor training, it is mandatory to meet the following requirements in order to keep certification:
 - Instructor certifications are good for two years providing you teach at least 1 class series per year.
 - Instructors should have current CPR certification.

Administrative Information

Facility Name:		
Address:		
City:	State:	Zip:

Primary Contact:		
Title:		
Work Phone:	Fax:	
Email:		
Secondary Contact:		
Title:		
Work Phone:	Fax:	
Email:		

- Which contact should be listed on the MAP and AF websites as the best person for people from the community to contact for information about your programs at your facility?
Primary Secondary Other (specify below)

Contact:		
Title:		
Work Phone:	Fax:	
Email:		

- Is your organization part of a larger state or regional system (i.e. Area Agencies on Aging, Senior- and Long-Term Care, YMCA, healthcare facilities with satellite sites, etc.)? Yes No
 - If yes, what is the name of the system? [Click here to enter text.](#)
- Are you currently offering any Arthritis Foundation Programs for Better Living (AFEP, WWE, Tai Chi, and/or AFAP)? Yes No
 - Name & location of site(s): [Click here to enter text.](#)
 - Program(s) delivered & how often (you may attach a class schedule): [Click here to enter text.](#)
 - On average, how many participants attend your class(es)? [Click here to enter text.](#)
- Are you a current Cardiovascular Disease, Injury and Fall Prevention, and/or Diabetes Prevention Program Site? Yes No
 - Name & location of site(s): [Click here to enter text.](#)

Mini-Grant Application Questions

1. Which of the following interventions will you implement? (Choose all that apply)

- Arthritis Foundation Exercise Program (AFEP)
- Walk With Ease Program (WWE)

2. Please describe the steps you will take in order to prepare your facility for your classes (i.e. how will you accommodate people with disabilities, what kind of outreach will you do in your community and with local physicians, etc.).

Click here to enter text.

3. Please describe, in detail, how you will staff this program. These programs require an instructor to teach 2 (AFEP) and/or 3 (WWE) times a week, at minimum. **Only those who have met the requirements (see page one) and have become a certified Arthritis Foundation instructor are allowed to teach the class.** How many instructors will you need to make this program successful and sustainable?

Click here to enter text.

4. Please describe, in detail, how the classes will be scheduled into your current facility schedule. Include potential scheduled times within your current schedule and the potential schedules of each of the instructors who are going to be certified to teach these.

Click here to enter text.

5. Name of the instructor(s) that will teach the classes. **Please attach a resume for each instructor.**

Click here to enter text.

6. Will the instructor(s) be able to attend a mandatory training on August 22, 2014 in Missoula, Montana for the Arthritis Foundation Exercise Program (AFEP)? Yes No

- a. If no, please explain why.

Click here to enter text.

Will the instructor(s) be able to attend a mandatory training on August 24, 2014 in Missoula, Montana for the Walk with Ease Program (WWE)? Yes No

- a. If no, please explain why.

Click here to enter text.

7. Please describe the sites where you will be implementing the intervention programs. **Please include information pertaining to ADA requirements, how you will implement WWE during times of inclement weather, how you will handle instructor sickness and/or absence, and/or other potential hazards or circumstances that might pose a challenge.**

Click here to enter text.

8. Do you plan to implement the intervention programs at multiple sites? Yes No

a. If yes, please describe **in detail** the steps you will take to ensure all sites are operating smoothly?

[Click here to enter text.](#)

9. Will the site(s) be able to start offering classes in mi-October 2014? Yes No

10. Please describe your strategies to market and recruit participants to your intervention programs.

[Click here to enter text.](#)

11. Please describe any experience potential instructors have had delivering similar programs and the health outcomes of those programs (i.e. lifestyle changes, blood pressure changes, discontinuing medications, etc.).

[Click here to enter text.](#)

12. Please describe how your organization intends to sustain the intervention programs with minimal funding after the initial mini-grant award?

[Click here to enter text.](#)

Before submitting application, please make sure you have included the following:

- **Arthritis Foundation Instructor applications for all potential instructors.**
- **Class schedules for current Arthritis Foundation Exercise Program or Walk with Ease classes being held at your facility.**
- **Any additional information you feel is relevant.**

Please remit applications via email, fax, or post-mail to:

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