



## Arthritis Intervention Implementation Plan SC DHEC, Division of Healthy Aging

Please Print or Type

### I. CONTACT INFORMATION

Organization Name:

Date:

Program(s) to be implemented: (check all that apply)

- Arthritis Foundation Exercise Program (AFEP)  
 Walk with Ease Self Directed       Walk with Ease Group       Walk with Ease in the Worksite  
 Chronic Disease Self-Management Program (CDSMP) – Better Choices, Better Health

#### Key contact/Organizational liaison

Name:

Position or Title:

Email:

Phone:

#### Upper management (has authority to agree to implementation)

Name:

Position or Title:

Email:

Phone:

#### Mailing address:

City:

State:

ZIP Code:

Website:

#### Physical address (if different from mailing):

City:

State:

ZIP Code:

Phone:

### II. OVERVIEW OF PLAN

1. Briefly describe how you will implement this /these program(s) (30 words or less)
2. List counties where programs will be implemented:
3. Will you be using staff, volunteers or both to implement this plan?

### III IMPLEMENTATION PLAN

1. If you don't have an Organizational Liaison, when do you plan to have one in place?

2. Will your program(s) be available to the community/public or will they be closed?

**MARKETING:**

1. Who is your target audience? Who do you want to let know that you will be offering this program?  
*E.g. Staff, employees, doctor's offices, medical centers, hospitals etc.*
2. How will you let potential participants know what program you will be offering, when it will begin, where it will be held and how to enroll? *E.g. Email, Posters, Newsletters, Newspaper, mailings, signage etc.*
3. How far in advance will you begin marketing the class(s)?
4. Will you be having any type of kickoff event/activity? If yes, please describe.  
*E.g. Banner display at entrance, give out water bottles to everyone entering, group walk etc.*

**LEADERS:**

1. Number of leaders to be trained by program and anticipated date(s) for training to be complete
2. Will leaders work between sites or will there be a different leader for each site/program?
3. What additional expenses will need to be covered to ensure the program is implemented?  
*E.g. Registration for online training, Mileage, stipends, approval from direct supervisor etc.*

**EQUIPMENT/SUPPLIES:**

1. What equipment/supplies will you need?  
*E.g. flipcharts, markers, weights, thera-bands, etc.*

**INCENTIVES:**

1. Will you be providing incentives? If so, describe what they will be and how they be given to participants?

**ADDITIONAL INFORMATION YOU WANT TO INCLUDE:**

**IV. PROPOSED IMPLEMENTATION SCHEDULE**

**1st Date:** Program will be implemented from \_\_\_\_\_ to \_\_\_\_\_

Location \_\_\_\_\_

**Program**

Chronic Disease Self-Management Program (CDSMP) – Better Choices, Better Health

- Walk with Ease, Group Walk
- Walk with Ease, Self-Directed
- Arthritis Foundation Exercise Program

Number of leaders: \_\_\_\_\_

Will the program be open to the public ( Y  N)?

Approximate number of participants expected: \_\_\_\_\_

Employees \_\_\_\_\_ Clients/Participants \_\_\_\_\_ Community Members \_\_\_\_\_

**2nd Date:** Program will be implemented from \_\_\_\_\_ to \_\_\_\_\_

Location \_\_\_\_\_

**Program**

Chronic Disease Self-Management Program (CDSMP) – Better Choices, Better Health

- Walk with Ease, Group Walk
- Walk with Ease, Self-Directed
- Arthritis Foundation Exercise Program

Number of leaders: \_\_\_\_\_

Will the program be open to the public ( Y  N)?

Approximate number of participants expected: \_\_\_\_\_

Employees \_\_\_\_\_ Clients/Participants \_\_\_\_\_ Community Members \_\_\_\_\_

**3rd Date:** Program will be implemented from \_\_\_\_\_ to \_\_\_\_\_

Location \_\_\_\_\_

**Program**

Chronic Disease Self-Management Program (CDSMP) – Better Choices, Better Health

- Walk with Ease, Group Walk
- Walk with Ease, Self-Directed
- Arthritis Foundation Exercise Program

Number of leaders: \_\_\_\_\_

Will the program be open to the public ( Y  N)?

Approximate number of participants expected: \_\_\_\_\_

Employees \_\_\_\_\_ Clients/Participants \_\_\_\_\_ Community Members \_\_\_\_\_

**4th Date:** Program will be implemented from \_\_\_\_\_ to \_\_\_\_\_

Location \_\_\_\_\_

**Program**

Chronic Disease Self-Management Program (CDSMP) – Better Choices, Better Health

- Walk with Ease, Group Walk
- Walk with Ease, Self-Directed
- Arthritis Foundation Exercise Program

Number of leaders: \_\_\_\_\_

Will the program be open to the public ( Y  N)?

Approximate number of participants expected: \_\_\_\_\_

Employees \_\_\_\_\_ Clients/Participants \_\_\_\_\_ Community Members \_\_\_\_\_

**ARTHRITIS INTERVENTION IMPLEMENTATION PLAN  
SC DHEC, DIVISION OF HEALTHY AGING**

This form is to be used as a planning tool for organizations that agree to implement one or more evidence based arthritis intervention in collaboration with the SC DHEC Division of Healthy Aging.

I. **Contact Information**

**Organization Name:** Enter name of organization

**Date:** Enter Date form completed

**Program(s) to be implemented:** Place a check mark next to each program that will be implemented.

**Key Contact/Organizational Liaison:** Enter name of individual within the organization who will oversee implementation of program(s)

Enter Position or Title of Key contact/organizational liaison

Enter Email Address to be used to correspond with key contact/organizational liaison

Enter Phone number to reach Key contact/organizational liaison

**Mailing Address:**

Enter street address or PO Box to be used to send mail

Enter City, state and zip code for this address

**Website:** Enter website address of Organization who will be implementing the program(s)

**Upper Management:** Enter the name of the individual who has authority to give permission for the program(s) to take place.

Enter Position or Title of upper management person

Enter E-mail address to be used to correspond with upper management contact

Enter phone number to be used to reach upper management contact

**Mailing Address:**

Enter street address or PO Box to be used to send mail

Enter City, state and zip code for this address

Website: Enter website address of Organization who will be implementing the program(s)

II. **Overview of Plan**

1. Write a short description of how the program(s) will be implemented within the organization.
2. List the counties in which the program(s) will be held
3. Enter whether staff, volunteers or both will be used to implement the program(s)

III. **Implementation Plan**

1. If no organizational liaison has been identified, enter the date when one will be
2. Indicate whether your program(s) will be closed (only to people who work for or are served by the organization) or if the program(s) will be open to the general public or community

**Marketing**

1. Indicate the population you will be trying to recruit for the program(s)
2. Describe how you will advertise the program and let people know when and where it will be held
3. Indicate how far in advance you will begin advertising the program
4. Indicate whether you will hold an event either before the first class or the day of the first class to raise excitement and what the event will be

**Leaders**

1. Indicate the number of leaders that will be trained and the approximate date the training will be complete
2. Indicate whether the leaders will work only one site or if they will be leading classes at another site as well
3. Enter things you may need expenses to cover in order to implement the program(s)

**Equipment/Supplies**

1. List any equipment or materials you may need to implement the program(s)

**Incentives**

1. Indicate if you will be providing incentives to the participants, what they will be and how you will distribute them

**Additional information:** enter any other information that will help explain how you will implement the program(s)

IV. **Proposed Implementation Schedule**

This section is to list information about the four (4) dates you have proposed to hold the program(s) indicated above within the next year.

**Date:** Enter Date Program will begin and will it will end

**Location:** Where will the classes be held

**Program:** Check which program you will be implementing

**Number of Leaders:** Enter the number of leaders you will be using to conduct the classes

**Open to the Public:** Check yes or no

**Number of Participants:** Enter the approximate number of people you think you will have for the class.

Indicate how many you think might be: employees, participants and/or community members