GUIDANCE FOR IMPROVING REPORTS ON STATE ARTHRITIS ACTIVITIES

MARCH 2010

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
ARTHRITIS COUNCIL

GUIDANCE FOR IMPROVING STATE ARTHRITIS PROGRAM REPORTS

This guidance document was developed by a group of state health department staff from state arthritis programs and Arthritis Integrated Dissemination grantees, CDC Arthritis Program staff, and the Westat representative responsible for the oversight of the Arthritis Centralized Evaluation Project.

As a result of Westat's work to collect data that will provide insight into the factors that facilitate or hinder the dissemination of the evidence-based arthritis interventions, the Arthritis Council Report Improvement workgroup has written the guidance to standardize the data that goes into reports and to assist states in data collection for their required semi-annual reports.

I. Recommendations

Recommended enhancements to ease the reporting process of the CDC and AID grant semi-annual and annual narratives include:

1. Reporting language should include behavioral language and active verbs that help to provide a more specific level of detail for activities that occurred during this reporting period. By using active verbs, it will allow evaluators and project officers to fully understand the activities taking place in your state. Please fully describe the activity involved instead of using nebulous words like coordinate, collaborate, and support, which do not provide evaluators a clear idea of what was done. Rather, it is recommended that you fully describe what those and other activities regarding the interventions, health communication, and reach data collection entail.

Examples of narrative reporting improvements include:

- "Negotiated roles with XXX partner for dissemination of CDSMP."
- "Initiated relationship with X partner"

- "Problem-solved solutions to recruitment issues with XXX"

2. States should include an alphabetized, glossary of acronyms and other state-specific terms e.g., your state's name for the *Chronic Disease Self Management Program* (**See Appendix I, *Acronyms***).

3. For each objective identified in the narrative, states should include a list of barriers or challenges. For each barrier or challenge listed, it is preferable that potential solutions are also identified. You may follow whatever format you choose e.g., bullets or narrative. This could be included as an appendix labeled "Rationale for Proposed Solutions" rather than included in the narrative of your report (**see Appendix II, *Rationale for Proposed Solutions***). States without challenges to report should submit this item stating that no challenges were encountered.

4. A comprehensive partner table including partner name, role, activities, chosen intervention(s), and status (defined as active, pending, and former) should be included in the narrative (**see Appendix III, *Comprehensive Partner Table***).

A delivery system partner table including delivery system name, intervention(s) offered, type of intervention/host site(s), and projected reach for each partner. See **Appendix V, *Delivery System Table*** for examples of the data that will populate each column. Please keep in mind that these delivery systems partners will also be listed on the partner table but with different information included there. **Appendix IV**, ***Types of Host Sites*** will assist you with identifying the type of site that is hosting the intervention. This list is identical to the list used to code delivery system partners and sites in the Project Enhance database, with the addition of two new types of host sites, which will also be added to the Project Enhance database.

5.

6. Finally, states should cross check all tables with the narrative to ensure reporting consistency. This is crucial for consistency in reporting and coding the data. Another set of eyes to proofread your report is always helpful and can often pick up on what you may have missed in the final review.

II. Key Concept Definitions:

Coalition - A coalition is a group of individuals and/or organizations with a common interest who agree to work together toward a common goal. That goal could be as narrow as obtaining funding for a specific intervention, or as broad as trying to improve permanently the overall quality of life for most people in the community. By the same token, the individuals and organizations involved might be drawn from a narrow area of interest, or might include representatives of nearly every segment of the community, depending upon the breadth of the issue.

Coalitions may be loose associations in which members work for a short time to achieve a specific goal, and then disband. They may also become organizations in themselves, with governing bodies, particular community responsibilities, funding, and permanence. They may draw from a community, a region, a state, or even the nation as a whole. Regardless of their size and structure, they exist to create and/or support efforts to reach a particular set of goals (from the Community Toolbox website: http://ctb.ku.edu/en/).

Participant - A person who engages in an intervention.

Partners' roles, including:

- **Advisory Partner** - An entity or person that provides sound suggestions on what could or should be done to further the activities of the state arthritis program (e.g., sits at the planning table, makes recommendations, etc.).
- **Delivery System Partner** - An organization offering an intervention at multiple delivery sites.

- **Site (Delivery Site)** - Location or facility where an intervention is offered. When reporting, please be specific as to the type of site.
- **Support Partner** - A provider of resources to further the activities of the state arthritis program (e.g., the Arthritis Foundation).
- **Special Populations Partner** - An organization offering access to a subgroup of the population that shares an identifiable trait (e.g., African Americans, males, or Spanish speakers).

Please note that some partners may play multiple roles and appear on more than one partner list as a result (e.g., the Arthritis Foundation may act as both an advisory partner and a supporting partner).

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Appendix I - Acronyms

State Public Health Approaches to Arthritis
DP08-806
Combined Report
Year One Interim Progress Report for June 30, 2008–December 31, 2008
Year Two Continuation Application for July 1, 2009-June 30, 2010

The outline format of this report replicates the original grant proposal submitted by the Florida Arthritis Prevention and Education Program for this cooperative agreement.

To provide clarification, below is a list of words and acronyms used in this report.

- Arthritis Prevention and Education Program = arthritis program
- The Arthritis Toolkit = Mail Delivered Arthritis Self-Management Program English or Spanish version
- BRFSS = Behavioral Risk Factor Surveillance Survey
- CDC = Centers for Disease Control and Prevention Arthritis Program
- CHARTS = Community Health Assessment Resource Tool Set
- GIS = Geographical Information Systems
- Florida Department of Health = DOH
- Living Healthy = Chronic Disease Self-Management Program or CDSMP
- SCDSMP = Spanish Chronic Disease Self-Management Program or Tomando Control de su Salud

Appendix II – Rationale for Proposed Solutions

Objective 2: *By June 29, 2009, Diabetes Coalitions will have conducted at least 4 CDSMP courses*

Status: Organizations are in various phases of organizing, scheduling, obtaining materials, recruiting participants and host sites, and program promotion in preparation for the first round of community courses; slated to begin late winter to early spring 2009.

Challenges:

- Difficulty recruiting participants despite marketing/promotion efforts. The group with the best luck so far has developed a partnership with a senior housing complex to offer the program to residents right at that location. Organizations without such a partnership are struggling to recruit enough participants to hold a class.
- Varying levels of: quality and quantity of partnerships, cohesion, community organizing skills, and coalition maturity among Diabetes Coalitions. Communication/reports from the Diabetes Coalition Coordinator in Region 5 is very difficult, irregular, and not particularly strong, whereas communication from Region 3 is clear, regular, and strong - even if they are facing more challenges than successes in program implementation.
- Very rural areas makes travel a barrier to some potential participants, and between course leaders – if one leader is sick/injured, the whole course must be cancelled as there are no substitutes in the area.
- Other barriers to program implementation: Inclement weather/short days, sick/injured Leaders leading to course cancellation, difficulty securing host sites for 6 consecutive weeks
- Other concerns: funding source for future courses – materials for first course supplied in grant, and organizations adamant about not charging a fee, and allowing participants to keep course materials when complete but have no money to provide another course.

Proposed Solutions:

- Develop a communication reporting format and timeline so that is it consistent from each region.
- Networks of leaders will be set up to cover regions in the event of leader emergencies or sickness that effect workshop sessions.
- Recruiting partnership will be documented and modeled for other areas and delivery systems throughout the state.
- A business plan highlighting the program dissemination will be developed by the regional coalitions to approach private funders.

Appendix III – Comprehensive Partner Table

[State Name] Arthritis Program
Comprehensive Table of Active, Pending, and Former Partners

ACTIVE

Partner Name	Partner Type	Partner Role	Current Key Activities	Impact or Outcome on Program
McDonalds	Support	Distribute Campaign Materials	Put placecards on trays for dine in customers	None, staff did not distribute the placecards
County Arthritis Coalition	Advisory	Make state legislature aware of arthritis	Testified for public health bill; Drafted bill language	Bill is before state congress for a vote in May
YMCA of Agmenville	Delivery System	EnhanceFitness provider at local YMCA and 5 sites in community	Master trainers on staff available for two trainings a year; Provides 3 EF classes a week to members and non-members	490 EF participants reached; Staff master trainers certified 6 instructors for ABC partner

PENDING (currently being engaged)

Partner Name	Partner Type	Proposed Partner Roles	Expected Key Activities	Remaining Steps to Cement Partnership
Lake Region Hospitals	Delivery System	Turnkey CDSMP program at 3 sites	Conduct CDSMP courses, Provide staff to be master trainers and instructors, Recruit participants	Partner acquiring program license, Master trainers to be trained x/x/xx
Quack Quack Insurance	Delivery System	Recruit participants for AAA's AFEP classes	Recruit participants state-wide, Financially support costs of training additional leaders	Meeting x/x/xx to get approval of company director
Howard Pitt	Support	Advocate at State Legislature	Propose a bill to seek Medicaid reimbursement of CDSMP	Bill to be drafted

FORMER (became inactive during this reporting period)

Partner Name	Partner Type	Former Partner Role	Former Key Activities	Reason(s) why the Partnership has Ended
Dr Charles Hann	Advisory	1 of 7 members of State Arth Council	Minor contributor at council meeting	Lack of council attendance and engagement
Northeast Recreation Room	Delivery system (single site)	Provider of Enhance Fitness	Conducted on-going EF course	Classes had low enrollment and partner couldn't support them without operating cost paid by state
County Extension Service	Delivery System	Proposed intervention sites at 15 county offices	AFEP was to be offered at meeting space in 15 counties	Meeting space no longer available due to budget restraints at Ext Service

Partner Types: Delivery System, Advisory Partner, Support Partner

Partner Role: Examples - Implement Intervention, Distribute Printed Campaign Materials, Represent Disability Community on Arthritis Council, Funding Source, etc

Key Activities: What they do that makes them valuable as a partner this reporting period

Impact on Program: Concrete Accomplishment(s)

Remaining Steps to Cement Partnership: What needs to happen to move partnership to actively creating accomplishments

Reason(s) why the Partnership has Ended: Why is the partner no longer valuable to the goals of the arthritis program

Appendix IV – Types of Host Sites

Host Site Types include:

Unknown

Area Agency on Aging (AAA)

State Public Health Department

County Public Health Department

Health care organization

Faith-based organization

Recreational facility (i.e. YMCA)

Municipal government

Senior center

Workplace

Multipurpose social services organization

Other community center

Parks department

Residential facility

Other

Educational/University Services

Non Profit Organizations (other than faith-based)

Appendix V - Delivery Partner Table

[State Name] Arthritis Program Intervention Delivery Partners

Delivery System Partner Name	Intervent-ion(s) Offered	Type of Site(s)	Projected Reach Grant Year 3	Projected Reach Grant Year 4
YMCA Atlanta	EF	3 Recreational facilities (YMCA) 2 Other Community Centers	54	116
South County Hospital	CDSMP, AFEP	8 Health care orgs – CDSMP 2 Health care orgs- AFEP	64 CDSMP 40 AFEP	340 CDSMP 256 AFEP
State Cooperative Extension Service	AFEP	12 Non-profit orgs 10 Municipal governments	528 AFEP	528 AFEP

Established Partner

Projection for YR 3: Number of leaders/instructors that are actively leading classes *multiplied* by the average number of participants per class for this partner *multiplied* by number of classes each leader or leader teams will conduct in grant year three. *Remember to take into account interventions that require two leaders when estimating the number of classes per year and the attrition of leaders later in the year if applicable.*

Projection for YR 4: Number of leaders/instructors that are actively leading classes *plus* number of new leaders/instructors expected to be added in grant year four *multiplied* by the average number of participants per class for this partner *multiplied* by the number of classes each leader or leader teams will conduct in grant year three. *Remember to account for attrition of leaders if applicable.*

New or Future Partner

Projection for YR 3: Number of leaders/instructors that will initially be trained to begin leading classes *multiplied* by expected or average number of participants in a class *multiplied* by number of classes expected to take place during the remainder of grant year three. *Remember to take into account interventions that require two leaders when estimating the number of classes per year and the attrition of leaders*

Projected: Number of leaders/instructors that will be trained and actively leading classes in grant year four *multiplied* by the average number of participants per class for this partner *multiplied* by number of classes each leader or leader team will conduct in grant year four. *Remember to account for attrition of leaders in the future year if applicable.*