



Central Missouri Regional Arthritis Center
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Central Missouri Regional Arthritis Center LEADER ASSISTANCE PROGRAM

PURPOSE

The purpose of the Leader Assistance Program is to support facilities' and leader's capability to provide programs in Central Missouri. It is designed to equip facilities and leaders with the initial resources needed to establish high-quality programs and increase the number of programs available in underserved counties. It is not intended to be the primary source of funding or support. Recipients are limited to one Assistance Package per program. This offer is available on a first come first serve basis and dependent on available funding.

ASSISTANCE PACKAGE CONTENT

The Assistance Package may include a combination of the following materials depending on available resources and individual program needs. The Assistance Package is valued at approximately \$300 - \$500 (training, materials, support, etc.), depending on the program provided and individual program needs. Substitution for materials, stipends or payment for programs will not be granted.

Arthritis Foundation Exercise Program (AFEP)

- Leader Training & Leader Manual
- Leader Program CD with Forms, Marketing Materials, etc.
- Weights (dumbbell or wrist/ankle)
- Exercise Bands
- Participant Manuals
- Health Education Literature
- Participant Incentives (e.g. jar openers, books, DVD, etc.)
- Program Support (e.g. assistance with planning, advertising, etc.)

Arthritis Foundation Self Help Program (AFSHP) or Chronic Disease Self Management Program (CDSMP)

- Leader Training & Leader Manual
- Leader Program CD with Forms, Marketing Materials, etc.
- Flip Charts & Markers
- The Arthritis Helpbook or Living a Healthy Life with Chronic Conditions for participants
- Time for Healing CDs for participants
- Participant Incentives (e.g. jar openers, books, DVD, etc.)
- Program Support (e.g. assistance with planning, advertising, etc.)

ELIGIBILITY REQUIREMENTS

The applicant (i.e. leader, facility, organization, etc.) is responsible for complying with the evidence-based program requirements and the Leader Assistance Program requirements outlined below.

- Programs offered in the underserved counties may be eligible to receive an Assistance Package through June 2010. Underserved counties will be determined by the CEMRAC coordinator based on the number and type of leaders and programs available in the county at the time of the request.
- Only trained leaders can provide a program.
- The leader must have an affiliation with a facility/organization or secure a location for programming before submitting an application for the Leadership Assistance Program.
- The applicant must provide a minimum of 1 ongoing class or 2 time limited classes within 12 months of the training, with the first class occurring within 3 months of the leader training.
 - The Arthritis Foundation Exercise Program consists of a minimum of 1 hour sessions twice a week for 6 weeks. This program can be offered for longer durations of time (e.g. 8 weeks, 3 months, ongoing, etc.).
 - The Arthritis Foundation Self Help Program or Chronic Disease Self Management Program consists of 2 hour sessions once a week for 6 weeks. Both programs require 2 leaders to provide a program.
- The applicant must be willing to provide at least 1 session each year for a minimum of 3 years (requirement for the leader to maintain certification).
- Existing leaders may qualify if they start a new program in a location that does not have access to programs.
- The applicant must notify CEMRAC with the class details (dates, times, location, etc.) 6 weeks prior to the first class at which time the applicant will receive the class materials and participant incentives.
- The applicant must complete and submit participant data to CEMRAC.
 - Cosponsorship Agreement – completed by the facility representative prior to class
 - Participant Application/Release – participants complete at their first class
 - Course Participation Questionnaire – participants complete at their first class
 - Participant Attendance Sheet – leader completes each session
- Applicants are not eligible for the Leadership Assistance Program if they are receiving funding for programming from MAOP or another source (i.e. UME, AAA, HDSPP, lpha, etc.).

Facility Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Indicate which program will be provided: AFEP AFSHP CDSMP

Leader Name(s): _____

Please list your experience with providing programs in the past (list programs offered, successes & barriers): _____

Please specify program needs (training, materials, advertising, etc.): _____

Please list the resources you have to offer the program (space, support, materials, captive audience, etc.): _____

Why should you be awarded an Assistance Package? _____

In addition to providing programs, what other voluntary activities are you willing to provide in collaboration with CEMRAC (e.g. community presentations, help recruit participants and leaders, establish new partnerships or program delivery sites, etc.) _____

I, the undersigned, agree to comply with the requirements outlined above for offering an evidence-based physical activity or self management program under the Central Missouri Regional Arthritis Center Leader Assistance Program. If I fail to comply with the requirements I agree to reimburse CEMRAC for the Assistance Package.

Leader's or Facility Representative's Signature

Date