

II. Getting Started

A successful program requires active participation from the community and collaboration with other local organizations. Following are sample materials that may be used to enlist the involvement of program participants and partners. Once participants have been recruited, you will need to collect specific information relevant to their involvement in the program. These materials are included on a diskette so you can tailor them to your program.

Please note that these documents are provided as a starting point. Your organization may have its own materials, which you can use in lieu of the ones provided in this binder. You will need to modify each document according to your own organization's approach and policies. The Office on Women's Health cannot accept liability for how each program chooses to use these documents.

Letter to Potential Participants

This letter is to be customized and sent to all potential participants detailing the program's goals, level of expected participation by participants, and how the program will be structured. Coaches can add specific program information they wish potential participants to know. Potential participants should be encouraged to begin thinking about their health goals and to contact the coach with any concerns or questions.

Letter to Partners

This letter can be modified and printed on your organization's letterhead. Be sure to tailor the letter to each prospective partner, highlighting specific ideas for collaboration. For example, in planning a spirituality-themed event, you may invite a popular yoga instructor to conduct a free workshop on meditation and movement. Appeal to partners' expertise in developing activities that will encourage participation.

Welcome Letter/Information for Participants

This letter can be modified and printed on your organization's letterhead. It should be sent following enrollment to welcome each participant and provide a brief introduction to the program. It may be useful to tailor this letter to the specific goals of your program, and include information about the event schedule, including the date, time, and location of an upcoming meeting. All necessary paperwork—medical agreement, contract of partnerships, and so on—should be included in this welcome packet.

Contract of Partnership

This contract of partnership outlines the individual goals of each participant from the program's outset. During the course of the program, coaches and participants may refer to the contract to evaluate progress or revise goals. Coaches may customize this contract as needed.

Medical Agreement

The coach should go over this medical agreement with all participants. When appropriate, each participant should be required to provide a completed agreement signed by her physician prior to initiation of program participation.

Photograph Release Form

As part of the program, coaches will be invited to submit stories of women participating in the program, which will be included in the *Pick Your Path to Health* newsletter or other Office on

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Women's Health publications. We would also welcome photographs of participants. Before taking photographs, it is important to get a release form signed by the participants indicating that they agree to the use of their photos by the Office on Women's Health in various contexts.

Checklist for Coaches

This is a checklist for coaches to make sure they have all the necessary materials they need and are prepared to begin the program.

Sample Letter to Potential Participants

Note to coaches and program directors: Modify this letter according to your policies and procedures and print on your organization's letterhead. This document is included electronically on a diskette in the back of this guide.

Date

Potential Participant's Address

Dear **[Name of Potential Participant]**:

We are very excited about your interest in participating in **[Name of Your Organization]** *Pick Your Path to Health* community program. This program is based on *Pick Your Path to Health*, a national, public education campaign from the Department of Health and Human Services' Office on Women's Health. Since its launch in May 2000, the *Pick Your Path to Health* campaign has brought positive health messages to women in communities all over America. The response has been overwhelmingly positive. In particular, women like the suggested weekly action steps designed to fit into busy lifestyles.

Let us give you some background on our program:

[Insert]

The structure of our program and how we will be assisting you to reach your health goals is as follows:

[Insert]

As a participant, you will be expected to:

[Fill in program and coach's expectations]

We look forward to working with you and are confident you will benefit from this program in achieving your health goals. Our program will start on **[Date]**. If you have any questions or concerns please contact **[Name of Coach or Other Contact]** at **[Phone Number]**.

Sample Letter to Partners

Note to coaches and program directors: Modify this letter according to your policies and procedures and print on your organization's letterhead. This document is included electronically on a diskette in the back of this guide.

Date _____

Potential Partner's Address _____

Dear [**Name of Potential Partner**]:

We are very excited about a new [**Insert: six-month or 12-month**] *Pick Your Path to Health* community program at [**Name of Your Organization**]. It is funded by the Department of Health and Human Services' Office on Women's Health. Our goal is to work with women, individually and in groups, to achieve a variety of goals to improve their health and provide them with practical, lifelong tools to put them on a path to good health.

As part of our program, we want to invite agencies and organizations, such as yours, to collaborate with us to give these women the best opportunity to learn about their health options and to have the leaders in the community be a part of their success.

We are enclosing more information on who we are and are inviting you to be our program's partner by collaborating in a variety of ways: assisting with organized events, participating in workshops, providing information, acting as guest speakers, and so on.

We hope that you will join and collaborate with us on this empowering process. If you have any questions, please feel free to contact [**Name of Coach or Other Contact**] at [**Phone Number**]. We will be following up with you shortly to assess your level of interest and to discuss opportunities for collaboration between our organizations.

Sincerely,

Coach's Name _____

Program _____

Telephone Number () _____

Sample Welcome Letter/Information for Participants

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Date

Participant's Address

Dear [**Name of Participant**]:

Welcome! We are very excited about your involvement with the *Pick Your Path to Health* community program at [**Name of Your Organization**]. Since its launch in May 2000, the *Pick Your Path to Health* campaign has brought positive health messages to women in communities all over America and the response has been overwhelmingly positive. In particular, women like the suggested weekly action steps designed to fit into busy lifestyles.

Using these action steps and some of your own, [**Name of Your Organization**] will work with you to tailor a program to achieve your health goals. Your involvement presents a unique opportunity to discover the benefits of choosing *your own path* to a healthier life.

The program will consist of the following activities/details [**Add/Delete As Needed**]:

- ◆ A coach who will work with you to set and achieve your personal goals
- ◆ Workshops and other health-related events
- ◆ Individual and group participation
- ◆ Educational and resource materials on a variety of health topics

To begin your program, please report to [**Name of Coach**] at [**Place/Address Where Program Will First Meet**] on [**Date**] at [**Time**]. At that time, we will meet to discuss your individual health goals, and have you fill out necessary administrative paperwork (including how you will be paid for your participation).

We look forward to working with you and wish you much success. If you have any questions or concerns, please contact your coach, [**Name of Coach**] at [**Contact Phone Number**]. Your coach will be your main point of contact and is here to help you throughout the program.

Your path to good health is now underway, and we're pleased we will be there to guide you.

Sample Contract of Partnership

Note to coaches and program directors: Modify this letter according to your policies and procedures and print on your organization's letterhead. This document is included electronically on a diskette in the back of this guide.

Your participation in the *Pick Your Path to Health* community program is a partnership between YOU, to take steps toward better health, and US, [**Name of Your Organization**], to guide and “coach” you on your path to better health. Your commitment is reflected in the establishment of your personal goals for this program and in acknowledging your commitment to participate as fully as possible. Although our goal is to assist you in obtaining your desired health goals, our primary role is to serve as a resource for health information and provide structure and facilitation toward your goals.

As a partner, please understand that we do not diagnose medical conditions nor suggest any kind of treatment for any medical condition. We are also not to be taken as a substitute for medical care or regular scheduled medical appointments. Additionally, we do not accept any responsibility for your health status. If you have any medical conditions that may affect or preclude your participation (i.e., over-the-counter and prescribed medications, health conditions, physical limitations, etc.) you must inform us and get permission from your physician, if necessary.

By signing below you are acknowledging your dedication to the program and goals established between you and your coach.

Participant signature: _____

Date: _____

Coach's signature: _____

Date: _____

Sample Medical Agreement

Note to coaches and program directors: Modify this letter according to your policies and procedures and print on your organization's letterhead. This document is included electronically on a diskette in the back of this guide.

As a participant in the *Pick Your Path to Health* community program, our goal is to assist you in making changes in your lifestyle to obtain your desired health goals. Before you begin the program, we ask that you notify us of any medical conditions that may affect your participation (i.e., use of over-the-counter and prescribed medications, health conditions, physical limitations, etc.). We suggest that you discuss this with your physician or health care provider. If you have any medical conditions or take any medications, you must get permission from your physician or health care provider to participate in this program and furnish us with any necessary information.

We do not accept any responsibility for your medical status (illness, injuries, hospitalizations) during your participation in this program. If at any time your health changes during your participation in the program, it is your responsibility to inform us and your physician or medical caregiver. If we feel your health status cannot allow you to safely participate in this program, we will immediately inform you that your participation has officially been terminated.

By furnishing the information below and signing at the bottom, you agree to all of the above.

Your name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Physician's name: _____

Address: _____

Phone: _____

Medical status (list any and all medical conditions, medications): _____

Signature: _____ Date: _____

Sample Medical Agreement

I [**Name of Physician**] have determined that [**Name of Participant**] is medically able to participate in this program with: [] no special accommodations [] with the following accommodations, please list:

Physician's name: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

Sample Photograph Release Form

Note to coaches and program directors: Modify this letter according to your policies and procedures and print on your organization's letterhead. This document is included electronically on a diskette in the back of this guide.

For valuable consideration received, I hereby give the U.S. Department of Health and Human Services' (DHHS) Office on Women's Health (OWH) the absolute, irrevocable right and permission, with respect to the photographs that have been taken of me or in which I may be included with others, to use, reuse, publish, and re-publish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purposes, including (but not by way of limitation) illustration, promotion, and advertising for the Government.

I hereby release and discharge DHHS and OWH from any and all claims and demands arising out of or in connection with the use of photographs, including any and all claims for libel.

This authorization and release shall also ensure to the benefit of the legal representatives, licensees, and assigns of DHHS and OWH, as well as other Government agencies.

I am over the age of 21, or my guardian has signed. I have read the foregoing and fully understand the contents thereof.

Name: _____

Address: _____

Signature: _____

Date: _____

Witnessed by: _____

Suggested Checklist for Coaches

Before you begin your program, check the items below to make sure you have everything that you need.

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Completed

- Did you develop your work plan?
- Have you submitted the work plan to your program director?
- Are you prepared to start documenting individual women's successes to submit them to the regional office?
- Do you have necessary signed forms from all the participants?
 - Contract of Partnership
 - Medical Agreement
 - Photograph Release
- Did you go over goals with each participant?
- Did you have each participant complete the participant baseline form?
- Did you complete the coach pre-program assessment form?
- Do you have all the materials you need?
 - Planners, day books, posters?
 - Roles and responsibilities for coaches? Tips for coaches?
 - Suggested activities, sample articles, goal sheets for participants?
 - Order forms to request more materials?
- Anything else you need to get started? If so, list below and call your project officer.

Reporting

- Did you submit your progress report(s)? (quarterly for 12-month programs)
- Did you submit your final report?