

Arthritis Council

Arthritis Council Meeting Summary

Tuesday, September 1, 2020, 2:00 PM ET

Arthritis Council records can be found here: <https://www.chronicdisease.org/page/ArthritisCouncilReco>

I. Call to Order

- Scot Foster (NH), Arthritis Council Chair, welcomed everyone to the call
- Arthritis Council Guideline revisions were approved by the Steering Committee and are now available by emailing hmurphy_ic@chronicdisease.org. Updated Guidelines will be posted to the NACDD webpage soon.

II. State Sharing and Discussion

- The group engaged in discussion and peer-to-peer sharing on AAEBIs, specifically CDSMP. Talking points included:
 - Success and challenges with virtual implementation
 - What does it take to start-up these AAEBIs (e.g. master trainer, leaders, using SMRC toolkits, cost for organization and participant, virtual delivery, barriers)
 - Collaboration on implementation with other chronic disease programs in the state (e.g. 1815/1817 grants, block grant programs)
- Nicolle (NC) shared information about CDSMP implementation in North Carolina.
 - There is a follow up protocol in place for participants in rural areas that receive toolkits
 - UNC-Asheville is not doing a virtual delivery of CDSMP
 - They work with Area Agencies on Aging (AAAs) on program delivery
 - They are working to create a unified approach in NC while also giving credit to the organizations that implement and deliver CDSMP and other EBIs
- Melicent Miller (VA) shared that they are looking at piloting virtual programs
 - Use CDSMP to support arthritis work
 - Explored Better Choices Better Health as well as the SMRC toolkits
 - SW Virginia has limited broadband and limited technology so working with AAAs to provide support via telephone for programs
 - Some locations have piloted low-tech implementation using the SRMC toolkit
- Scot (NH) asked what the arthritis program's biggest role is in this process or what arthritis programs are bringing to the table?
 - Melicent (VA) said it is the technical assistance, financial support (for toolkits, books BCBH seats), and connection to larger partner networks (FQHCs, healthcare providers, other clinical partners) involved; by utilizing the data at health departments, AAAs can build stronger programs
 - Amy Michael (MN) has been delivering CDSMP for a long period of time; MN has Juniper (an online hub) where information on all MN EBIs are housed. Amy shared that she is doing a virtual CDSMP training (this is different from BCBH which is real time). The virtual CDSMP is an online version that is done through chat, that is the participant watches a session on their own and then uses 'chat' to communicate; the cost for this program is the cost of the "book" as it is required. The SMRC has a manual for the virtual program. The MN arthritis program is partnering with Juniper to incorporate WWE within the Juniper hub. One barrier to CDSMP is the need for two leaders.

- Celsa Bowman (UT) shared that they are offering CDSMP virtually in health systems. A barrier for UT is the need three individuals for the virtual session (one individual leads the technical implementation and the other two individuals are CDSMP leaders). Celsa did share that a 'session zero' (a introductory session that is held prior to the start of the course) has been a big success.
- Scot asked participants to share successes, challenges, barriers when working with 1815/1817 projects
 - Nichole Shepard (UT) partners with 1815/1817 programs. Nichole shared that they contract and collaborate with violence and injury prevention funded projects and use opioid funds to expand reach of self-management programs. The UT program has been working with partners to expand and deliver virtual programs, tools and offerings; while there are some that can't access virtual programs, these types of programs can meet the needs of some, and others can rejoin group classes once they begin to become available.
 - Meaghan Avery (MA) – some of the YMCA's in MA have started in-person EnhanceFitness classes for active older adults with arthritis (with COVID procedures in place). State Health Department's bring the collaboration piece to Y's implementing programs.
 - Melicent Miller (VA) – shared that they collaborate with the NDPP and DSME programs using block grant funding to promote strategy 3 (walking). In addition, the VA Walkability Action Institute is supported through funding from the block grant. Arthritis program provides funding to some teams to improve walkability in parks, etc. Through collaboration with 1815/17 (and other programs) VA is looking to work with state Human Resources office to offer EBIs to support state employees (currently working to scale up efforts).
 - Nicolle Miller (NC) – UNC Asheville has a master trainer that can help to fill in when partners need help with EBI implementation; they have found that session zero is very helpful; also serve as a hub to help others with EBI implementation. NCOA has a CDSME data base that can collect information/data if that is a need (WWE is now on there). Working to facilitate partnerships between Area Agencies on Aging and YMCAs so CDSME/DSMP can be offered broadly.

III. Announcements

- Walk With Ease work group call September 17th at 11 AM ET. Contact hmurphy@chronicdisease.org for more information.
- Peer to Peer Sharing Webinar #4 for the state arthritis program community clinical linkages project will take place October 6th at 2:00PM ET. An agenda will be available late September.

IV. Adjourn

*The October 6th call will be an NACDD Community Clinical Linkages call
The next Arthritis Council call will be held on Tuesday, November 3, 2020 at 2:00 PM ET.*