

**Community Clinical Linkages Project
Peer to Peer Sharing Webinar
Wednesday, January 27, 2021 @ 1:30 p.m. ET**

Webinar Notes and Resources

- Materials available on the NACDD website:
<https://chronicdisease.org/page/autoimmune/nacdd-action-on-arthritis/>
- Meeting Recording:
https://chronicdisease.zoom.us/rec/share/TGgQ2dAr3db4TBynb98prBiNhFGPRN-leUpLQNDBKAfKu6BYPSezNs_f2BmYK2zg.gzUUnrTXxUeKbkF3

1. State Sharing

Kansas Department of Health and Environment: Lainey Faulkner

- Focus Area 3: Engaging/incentivizing providers to counsel and refer to AAEBIs in low-cost ways
- Creation of a continuing nursing education (CNE) webinar series targeting health care providers and nurses.

Rhode Island Department of Health: Jasmine Franco

- Focus Area 3: Engaging/incentivizing providers to counsel and refer to AAEBIs in low-cost ways
- Hosting focus groups and interviews with healthcare providers and physicians to discuss the latest changes to the RightMoves toolkit.

University of North Carolina Asheville: Nadia Mazza

- Focus Area 3: Engaging/incentivizing providers to counsel and refer to AAEBIs in low-cost ways
- Focus Area 5: State AAEBI program locator enhancements to facilitate enrollment, registration or participation of adults in AAEBIs.
- Focus Area 3) CEU opportunities for healthcare providers discussing the benefits of physical activity for patients. Focus Area 5) Making enhancements to the state AAEBI program locator tool available via UNC's Healthy Aging Website.

Elder Services of Merrimack Valley: Jennifer Raymond

- Focus Area 3: Engaging/incentivizing providers to counsel and refer to AAEBIs in low-cost ways
- Focus Area 5: State AAEBI program locator enhancements to facilitate enrollment, registration or participation of adults in AAEBIs.
- Focus Area 3) Training community health workers and community outreach workers to identify, educate, coach and refer patients to evidence-based interventions. Focus Area 5) Making enhancements to their program locator tool to easily identify local programs and to refer patients to EBIs.

II. Facilitated Discussion

1. What potential does this project have for state-level scalability and sustainability beyond the funding period?
 - Kansas: The webinar series has the potential to be utilized at the state-level. The framework for the series can be utilized repeatedly and has the flexibility to be updated as the landscape in Kansas changes. Utilizing existing framework for the series will reduce future costs to offer the program which will assist with sustainability efforts. Also, utilizing our partners, KFMC Health Improvement Partners, in development and delivery of this series will provide them the opportunity to continue using the framework to advance referral to evidence-based programming throughout the state with a variety of funding sources. KFMC supports chronic disease self-management programs in collaboration with KDHE, but they also seek and utilize other funding sources as well to assist with meeting mutual and similar goals (we do our best not to re-invent the wheel). I do think sustainability could be a bit of a challenge as there has to be available staff and resources (especially funding) to coordinate and offer this program, but it is my hope that we are able to educate providers in a way that is successful so that word spreads to how beneficial these opportunities can be (as well as the expansion of programs and referral).
 - Rhode Island: The RI Arthritis Program (RIAP) intends to disseminate the RlghtMoves toolkit statewide to primary care practices. RIAP intends to use this guidance for the foreseeable future and will update and modify as needed.
 - North Carolina: The development of the HIPAA compliant referral form and program locator tool on the Healthy Aging NC website allows healthcare providers to refer patients to AAEBIs statewide. Connecting with NC211 and NCCARE360 has also supported the state-level scalability of this project and these efforts will be sustained beyond the funding period through continued website development, collaboration with partners, and education/outreach with healthcare providers.
 - Massachusetts: The training itself is easily scalable and can be provided remotely to increase access. The challenge is identifying the right partners with community health and outreach workers available to be trained and willing to make referrals.
2. Have you leveraged funding from other programs to complement and enhance this community and clinical linkages project?
 - Kansas: We have not currently leveraged funding from other programs to complement and enhance this CCL project. Our work under CDC 1803 funding opportunity definitely does complement this project in many ways. I think there could be opportunity for collaboration in something like this down the road with other programs. I'm initially thinking diabetes prevention and management or even tobacco cessation. Both of these topic areas focus, in some fashion, on provider counseling and referral to programming so many of the techniques that are discussed can translate to a variety of patient populations. And oftentimes, some of these patient's may meet the criteria for counsel and referral on a number of topics related to their health over time. I would love to see these programs work together and get out of their silos a bit when educating health care providers on similar topics and activities.

- Rhode Island: The only other funding we have used for this project is CDC Arthritis funding. We are collaborating with RIDOH's Diabetes, Heart Disease, and Stroke (DHDS) program to disseminate the toolkit to Federally Qualified Health Centers that DHDS has contracts with.
- North Carolina: Yes, we have complemented and enhanced this CCL project with funding from our CDC Arthritis Grant as well as our ACL Falls Prevention and CDSME grants to promote a continuum of care among evidence-based community health and physical activity programs and educate HCPs on the benefits of and referral process for all of the programs that Healthy Aging NC supports.
- Massachusetts: Funding from local foundations can augment and complement the outreach. We also have a contract that pays for program delivery and includes a margin that can be used to pay for training.

III. Resources

Kansas:

- KFMC Health Improvement Partners: <https://www.kfmc.org/about-kfmc/>
- Kansas Self-Management Education: www.selfmanageks.org

North Carolina:

- Healthy Aging NC: <https://healthyagingnc.com/>

Massachusetts:

- The Healthy Living Center of Excellence: <https://www.esmv.org/programs-services/healthy-living-programs/>