NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

Convening States and National Organizations to Address Arthritis Public Health Priorities

Day 1: May 18, 2021 Heath Equity and Increasing the Access to AAEBIs

Summary of Chat Question and Answer and Discussions

How are you working with healthcare partners to increase AAEBI access to diverse populations?

- Massachusetts: Expanded contracts with Accountable Care Organizations (ACO) to bring AAEBI and other evidence-based programs to members of all ages with multiple comorbidities. There is a focus on modifiable risk factors and behavior change.
- Utah: We are working with our university Physician Assistant program. Over 50% of PA graduates usually end up working in low healthcare access areas (rural, etc.). The Medical school was not responsive, but the PA schools were very responsive, and Utah is tracking referral data.
- New Mexico: Bernalillo County receives referrals from federally qualified health centers. They have a wellness referral network that was established with a REACH grant.
- EnhanceFitness has a clinical pilot with a frontier based FQHC that builds on a successful rural healthcare pilot in WA. All of it centers are doing remote delivery.
- Utah: We are in the process of merging human services within State Health Department. We recently combined Arthritis programming with Alzheimer's Disease and Related Dementias. And we have a large SDOH bi-directional referral project going on across multiple sectors and services. We shall see how it all pans out, but the goal is to make access to services easier.

Should we collaborate with program directors of the YMCA?

- Yes, program directors are a great place to start. In addition, look for opportunities to engage senior leadership from local YMCAs.

How do you engage participants to do Walk With Ease during the cold winter months?

- Establishing joint use agreements with schools and malls so WWE participants have a safe and *warm* place to walk when the weather or environment otherwise presents obstacles to program participation.
- Encouraging partnerships with gyms, indoor tracks, or shopping malls.

How can we engage churches to reach vulnerable populations?

- Missouri: A great example of working with our churches is in Central Missouri where our Boone County Health Department has trained leaders from 17 Black churches in that county area as leaders of WWE. They work together to share ideas and outcomes and refer participants to classes. It has expanded outside of their churches and become more of a community program. They are looking to do the same with CDSMP in the next few months.
- Partnered with a church ward to offer Portuguese CDSMP.
- It's all about relationships and who you know and who you can get to do things!

How can we reach vulnerable populations?

- To find a vested partner that knows the community because even if you are of the same ethnicity if there isn't a partnership, there isn't the trust. Especially for Latinos trust is important.
- National Recreation and Park Association (NRPA): Go to where the local older adults are and where they go on a regular basis! Local parks and recreation departments will partner with their local libraries to offer AAEBIs and have also trained a librarian as an instructor.
- Utah: Developing trust in the community you want to reach is key. We heard this when I popped into our Baptist church to implement National DPP. The pastor said to come to church first!
- Osteoarthritis Action Alliance (OAAA): We are working on translating our www.walkwitharthritis.org and WWE registration portal into Spanish so we can support the dissemination of Camine Con Gusto.
- Arthritis Foundation (AF): AF is in discussion with National Center on Health, Physical Activity and Disability (NCHPAD) to review WWE and provide guidance for accommodations.
- New York: Worked with local YMCA and AF to make Walk With Ease inclusive for individuals with vision impairments.
- Oregon: Working with Extension to make WWE accessible for all individuals with all abilities.
- EnhanceFitness was reviewed by NCHPAD in 2020 and released an inclusion guide, with modifications and adaptations, in March 2021 available to all sites - focused on teaching strategies as well as environment and more. Paige Denison is happy to share this guide with anyone who is interested.
- North Carolina: NC created a Disability Inclusion Toolkit that is available on the NACDD resources page as well: https://actiononarthritis.chronicdisease.org/wp-content/uploads/2021/04/Disabilities-Inclusion-Toolkit_version-2018.pdf

Can you share examples of talking points that are working well to catch healthcare providers' attention to PA counseling and referrals to AAEBIs offered by the Ys?

- Granite YMCA put WWE into their NDPP program because increased physical activity benefits a bunch of different chronic diseases.
- It takes repeated contact and relationship building to make progress with healthcare providers.
- Frame message around a "bundled" approach to address the entire person and the value that your services bring to the table. In addition, emphasize the value that patients can get out of engagement/participation in interventions.
- Mention the data that you can provide back to healthcare providers.

How are we using data to monitor impact?

- Kansas: We are capturing participation data including registration and reach data.
- Missouri and Kansas are using BRFSS data

How are you coupling evidence-based interventions and integrating AAEBIs into state and partner plans?

- Utah: We are in the process of merging human services within State Health Department. We recently combined Arthritis programming with Alzheimer's Disease and Related Dementias. And we have a large SDOH bi-directional referral project going on across multiple sectors and services. We shall see how it all pans out, but the goal is to make access to services easier.
- Leveraging SNAP-Ed: https://snapedtoolkit.org/interventions/programs/walk-with-ease/
- Arkansas: Our Alzheimer's State Plan includes reducing co-morbidities for patients and improving health for caregivers. Reducing the burden of chronic disease in both populations is a goal that provides opportunity for partnership.

Barriers to reaching vulnerable populations

- Organizational capacity to build relationships with non-traditional partners and the time to really engage the partners.
- Re-define success – move beyond reach and numbers and move into who we are serving.

Who are some state partners who are helping with strategy 1 efforts?

- Parks and Recreation
- LGBTQ+ partnerships
- Harm reduction groups and detox groups
- YMCAs
- Cooperative Extensions
- Bureau of Adult and Elderly Services
- FQHCs
- WISEWOMAN
- Easter Seals
- Areas on Aging

- State Human Resources
- Walk With a Doc
- Wisdom Steps American Indian Elder Group
- Internal programs/departments within State Health Departments (e.g., Diabetes, Cardiovascular Health, Cancer)

Who are future partners that you want to partner with?

- FQHCs
- Primary Care Associations
- Strategies, partners, and tactics that work in other chronic conditions and the opportunity to look holistically across program lines, across domains, and across disease funding (e.g., parish nurse networks, FQHCs)

If a state health department is having a challenge to establish a strong relationship with the AAAs, what are some things a state health department should consider building a collaborative effort with AAAs? What made a state health department's partnership with the AAAs successful?

- Leverage Title III-D funding they receive for EBIs
- Utah: We have merged with our Alzheimer's Disease and Related Dementias program, and this brings all of our AAAs into our partnership que
- Leverage RSVP grant
- Partner with Administration for Community Living (ACL) to reach AAAs

How can we engage our internal partners focusing on "social connections" with AAEBIs?

- NC: We've been talking a lot about how evidence-based community health programs can address social isolation through social connections.
- Harness those "connect"ing people to help with outreach
- Leveraging AAEBI participant ambassadors to reach into the community
- Using telephone and virtual modes get to folks who are most isolated that in person programs seldom reach.
- Maybe the CDC's Arthritis-Mental Health connection resource could be helpful to point in pitching AAEBIs in showing how CDSMP might promote long-term reduction in depressive symptoms https://www.cdc.gov/arthritis/communications/features/arthritis-mental-health.htm
- Oregon: Adding an optional “office hours” to AAEBI sessions to provide an opportunity for social interaction.

Future Follow Up Activities:

- Develop a master list of all the arthritis AAEBIs embedded in states and systems.
- Investigate how many insurance carriers cover something like SilverSsneakers for adults aged 18 to 64. Anthem BC/BS covers gym membership for some employers up to a certain $ amount per year but it wouldn't cover 100% in many cases. (Request from Adam in NH)