

Convening States and National Organizations to Address Arthritis Public Health Priorities

Day 2: May 19, 2021, AAEBIs and Lifestyle Management Program Delivery

Summary of Chat Question and Answer and Discussions

Will the new patient app from the Arthritis Foundation provide education on the poor effectiveness of opioid pain management for long term pain control, the ongoing and progressive increase in risk of substance use disorder with long term opioid usage and the ongoing progressive increase in risk of developing opioid induced hyperalgesia by everyone using opioid pain management therapies for extended periods of time? All 3 concepts are very well established in research, but I don't ever see them aggressively advertised to the public in an accessible fashion. The first wave of the current opioid epidemic started right after the American Pain Society introduced the 5th vital sign and made pain control a reportable measure for healthcare professionals.

- The new app will primarily provide participants with an opportunity to set personal goals with a focus of pain management. Based on the response provided each participant will be linked to local resources and provided with education and accountability checks.
- Please note that the app is a non-medical management tool.

Does the Y-USA and/or NRPA promote AAEBIs to state affiliates?

- NRPA: NRPA is exploring CDSMP, but NRPA primarily promotes and disseminates WWE, Fit and Strong, EnhanceFitness and Active Living Every Day. NRPA provides a guiding lens, but they encourage local sites to determine the AAEBI that fits the needs of local agencies.
- NRPA is piloting physical activity interventions in certain local parks and recreation offices.
- Y-USA: Y-USA is the resource office to the local Y's. The Y has a national license with Sound Generations to promote EnhanceFitness. Similarly, Y-USA is expanding the scope to additional AAEBIs, and they are providing funding to expand the reach of the current AAEBIs to meet the needs of local participants.

Please share your biggest takeaway as your state or organization transitioned from in-person to virtual delivery.

- Minnesota: Hosting a session zero or meeting in person with people to help with technology and go over how to use self-management interventions. It is ideal to have a person that is available to help with issues when the

program starts. Amy mentioned that she is teaching Living Well With Chronic Pain now in week 3 CPSMP and the organization that she is working with has a tech person which relieves so much stress for the leaders. The technology person stays for the first 30 minutes to help with connectivity issues and participants can contact her directly if they can't get online.

- Massachusetts: Having a dedicated person(s) to help with tech issues during virtual delivery. Depending on the AAEBI, this has meant either two or three leaders/tech people per class. As leaders got more comfortable with the tech, we found this need for this additional tech person decreased (in some but not all cases)
- Paige from Sound Generations/EnhanceFitness: Offering a hybrid version to address some of the technological issues. In a hybrid class the instructor holds an in-person class and invites others to join virtually if they are not able to be in-person.
- Encourage/require participants to turn on their camera during virtual settings.
- Encourage the technical monitor and/or the leader to mute those who are experiencing background noise.

Question for Minnesota Extension: When did you do the 1:1 readiness evaluation with participants? Did you set an "appointment" for that 1:1 or was it more of a "cold call"?

- The readiness evaluations were done within a couple weeks of the start of the courses. We did set an appointment, as these meetings sometimes took a long time to get folks connected.

NOTE: A copy of the checklist is on the Action on Arthritis Resource Page Action on Arthritis>Resources>Minnesota>University of Minnesota Extension Checklist

How is walking viewed differently by different cultures?

Have the costs to deliver programs virtually been analyzed?

- Utah: I think the cost is about "6's". The materials/shipping is more expensive, but if you look at what you are paying leaders/travel time, etc. it has evened out for us (we pay our leaders, where others may not).
- Minnesota: Minnesota used SNAP-Ed funding to support the Walk With Ease program. This helped to cover many of the costs of offering the program virtually.
- Look for opportunities to partner with community-based organizations to offer AAEBIs. This is one strategy to reduce costs.

Did you experience any issues with walkability for the participants? What tips do you have for overcoming this barrier?

- Minnesota: Safety is a big focus for all the programs that we offer. We looked at walkability of the built environment as well as walkability of the

physical environment and weather conditions. We set up a virtual community so that participants could share tips and tricks with one another.

Did anyone figure out a way to ask whether participants need accommodations for virtual workshops? Or how to manage providing reasonable accommodations?

- Be sure if you are going to ask for accommodations that you can accommodate those accommodations.