Arthritis National Grantee Meeting

May 18-20, 2021
Welcome to Day 1!

Vish Vasani, Associate Director of Community and Environmental Health
NACDD at a Glance

Founded in 1988, the National Association of Chronic Disease Directors is a national, nonprofit, professional Association.

We **advocate**, **educate**, and **provide technical assistance** to inform programming and grow chronic disease prevention knowledge, leadership, and capacity among our Membership.

- **7,000 Members Nationwide**
- **35+ Projects**
- **50+ Subject Matter Experts**
- **40+ Staff Members**
- **59 State and Territorial Chronic Disease Directors**
- **>$40 M Revenue**
Health Equity Presentation

Qiana Thomason, President/CEO
Health Forward Foundation
Exploring Health Equity
WHAT IT IS AND WHY IT MATTERS
HEALTH FORWARD FOUNDATION

MISSION
To provide leadership, advocacy, and resources in order to eliminate barriers and promote quality health for the uninsured and underserved in our service area.

VISION
Healthy people in healthy communities
Since we began grantmaking in 2005, Health Forward has awarded more than $317 million to agencies addressing health needs in the community.

That’s around $20 million per year to six counties:

**Kansas**
- Allen County
- Johnson County
- Wyandotte County

**Missouri**
- Cass County
- Jackson County
- Kansas City, MO (including portions of Clay and Platte counties)
- Lafayette County
Healthy Communities
44 grants • $3.4M
Includes 14 COVID-19 response grants totaling $414,000

Mental Health
45 grants • $4.5M
Includes 12 COVID-19 response grants totaling $455,264

Safety Net
28 grants • $4.5M

Applicant Defined Grants
79 grants • $3.1M
Special Initiatives
54 grants • $7.2M
Includes 15 Policy & Civic Engagement grants totaling $1M
Includes 24 COVID-19 emergency funding grants totaling $3.6M

2020 GRANTMAKING
250 grants
$22.7 million total grantmaking
Health Forward funds both **systems change and direct service** efforts to **address the greatest health disparities and advance health equity** in the Kansas City region, focusing on **race equity and economic inclusion** and takes a **proactive role in driving change**.
INTERNAL COMMITMENT TO RACIAL AND ETHNIC DIVERSITY

In 2020, Health Forward established an ad hoc equity committee on our board of directors, and commissioned a comprehensive equity assessment of all organizational policies, procedures, and communications.

Legend:  
- People of Color
- White
OUR WHY: DIVERSITY, EQUITY, INCLUSION, AND BELONGING

- Mission critical
- Good stewardship of resources
- Demonstrating mission through our values and actions
- Associates bring their best selves to work to support our community partners
What is Health Equity?
What is health equity?

DEFINITIONS MATTER: CONSENSUS AROUND DEFINITIONS BRIDGES DIVIDES AND FOSTERS PRODUCTIVE DIALOGUE

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible.”
How is health equity achieved?
What is health equity?
What is health equity?

THRI VE FACTORS

**People**
- Social networks & trust
- Participation & willingness to act for the common good
- Norms & culture

**Equitable Opportunity**
- Education
- Living wages & local wealth

**Place**
- What’s sold & how it’s promoted
- Look, feel, & safety
- Housing
- Parks & open space
- Air, water & soil
- Getting around
- Arts & cultural expression
What is health equity?

**MULTIPLE SECTORS HAVE A ROLE**

- Banking / finance
- Agriculture
- Business / industry
- Community development
- Justice
- Workforce development
- Education
- Human / social services
- Economic development
- Labor
- Land use and management
- Public health
- Transportation
- Health care
Life expectancy disparities in “any town U.S.A”

**Difference in Life Expectancy Between Highest and Lowest Life Expectancy ZIP Codes**

**Kansas City, MO**

15.5 years

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<td>70.9 years</td>
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<td>-14.0 years</td>
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<td>91.42%</td>
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<td>57.51%</td>
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<tr>
<td>64130</td>
<td>69.9 years</td>
<td>-14.7 years</td>
<td>92.39%</td>
</tr>
<tr>
<td>64132</td>
<td>72.3 years</td>
<td>-14.1 years</td>
<td>86.05%</td>
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Advancing health equity

**KEY STEPS TO ADVANCING EQUITY**

A strategy to achieve greater health equity may be most effective when it includes steps moving systematically from **identifying health disparities to action** to achieve greater health equity.

1. Identify health disparities and social inequities
2. Eliminate inequities in policies, laws, systems, environments, and practices
3. Evaluate and monitor efforts
4. Reassess
Where do we go from here?
Where do we go from here?

- Collective impact strategies – P3, state, local, interagency, etc.
- Increase and protect public health funding
- Expand access to health coverage and ensure care is patient-centered and culturally responsive
Where do we go from here?

Social care in healthcare payment and care delivery

Advance health and racial equity in data collection, standardization, and policymaking

Engage voices with lived experience in solutions
Stay connected

@HEALTHFORWARDKC  @Qiana_Thomason
Increasing the Access of AAEBIs to Reach Diverse Populations

Heather Hodge, Y-USA
INCREASING THE ACCESS OF AAEBIs TO REACH DIVERSE POPULATIONS

YMCA OF THE USA

May 18, 2021
OVERVIEW

1. ARTHRITIS DATA
2. THE Y’S ARTHRITIS EFFORT
3. INCREASING ACCESS
4. WORKING TOGETHER
ARTHRITIS DATA
2019 - ARTHRITIS AMONG ADULTS 18+

Indicator Definition
Data Source: BRFSS

Map showing the age-adjusted prevalence of arthritis among adults 18+ in different states.
54.4 million US adults have arthritis

From 2013-2015 in the US; reported doctor-diagnosed arthritis

Age-adjusted prevalence
ARTHRITIS PREVALENCE BY ETHNICITY/RACE

From 2013-2015 in the US; reported doctor-diagnosed arthritis
RURAL STATISTICS

ADULTS IN RURAL AREAS

ONE-THIRD HAVE ARTHRITIS

OVER ONE-HALF ARE LIMITED BY IT

CDC
PREVALENCE IS PROJECTED TO INCREASE
THE Y’s ARTHRITIS EFFORT
THE Y: ASSOCIATIONS & BRANCHES

OUR REACH

FACTS

YMCAs
2,700

YMCAs in communities where household income is below the national average
58%

Communities served
10,000

States
50 plus
District of Columbia and Puerto Rico
THE Y’S APPROACH TO HEALTH

IMPACTING:
- INDIVIDUALS
  - Wellness Centers
  - Personal Training
  - Group Exercise
  - Brain Health
  - Tobacco Cessation
  - Blood Pressure
  - Arthritis
  - Diabetes Support
  - Cardio Rehab
  - Blood Pressure
  - Arthritis

- FAMILIES
  - Youth Sports
  - Family Camp
  - Adventure Guides
  - Diabetes Prevention
  - Falls Prevention
  - Self-Monitoring
  - Cancer Survivorship
  - Parkinson’s Therapy

- ORGANIZATIONS
  - Employee Wellness Benefits
  - Policies Promoting Healthy Eating
  - Health Risk Assessments
  - Social Determinants
  - Health Navigation
  - ACO and PCMH Involvement
  - Referral Systems

- COMMUNITIES
  - Built Environment
  - Policies Promoting Physical Activity
  - Social Isolation
  - Health Navigation
  - Access to Fresh Fruits & Veggies
  - Equitable Communities Agenda
  - Tobacco-free Environments
  - Childhood Obesity Prevention
  - Cancer Disparities

- SOCIETY
  - Advocacy and Policy Change for Childhood Obesity Prevention
  - Community Development
  - Payment Reform
  - Medicare Coverage of diabetes Prevention

MEMBERSHIP

PROMOTE WELLNESS
(Primary)
- To promote wellness
- Personal Training
- Group Exercise
- Aquatics
- Food Insecurity

REDUCE RISK
(Secondary)
- To reduce risk
- Diabetes Prevention
- Falls Prevention
- Weight Loss
- Social Isolation
- Childhood Obesity Prevention

RECLAIM HEALTH
(Tertiary)
- To reclaim health
- Tobacco Cessation
- Blood Pressure
- Arthritis
- Diabetes Support
- Cardio Rehab

THE Y’S APPROACH TO HEALTH

Social Determinants
- Access to Fresh Fruits & Veggies
- Safe places for active play
- Equitable Communities Agenda

Addressing cycles of poverty
- Access to Health Care
- Medicare Coverage of diabetes Prevention
- Cancer Disparities

To promote wellness

1. Personal Training
2. Group Exercise
3. Aquatics
4. Food Insecurity

To reduce risk

1. Diabetes Prevention
2. Falls Prevention
3. Weight Loss
4. Social Isolation
5. Childhood Obesity Prevention

To reclaim health

1. Tobacco Cessation
2. Blood Pressure
3. Arthritis
4. Diabetes Support
5. Cardio Rehab
PORTFOLIO OF CHRONIC DISEASE PROGRAMS

- **Enhance@Fitness**
  For older adults living with arthritis or at risk for falls

- **Healthy Weight and Your Child**
  Weight management program for children 7-13 and their caregivers

- **LIVESTRONG at the YMCA®**
  For adults living with or beyond cancer treatment

- **Moving For Better Balance**
  For adults with impaired stability and/or mobility

- **YMCA’s Blood Pressure Self-Monitoring Program**
  For adults who have been diagnosed with high blood pressure

- **YMCA’s Diabetes Prevention Program**
  For adults with elevated BMI and at risk for type 2 diabetes
DELIVERING OUTCOMES AT SCALE: FALLS PREVENTION/ARTHRITIS SELF-MANAGEMENT

<table>
<thead>
<tr>
<th>PROGRAM REACH – FEBRUARY 2021</th>
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<tbody>
<tr>
<td>Number of participants enrolled</td>
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<tr>
<td>Percentage of participants who improved/maintained at chair stand test</td>
</tr>
<tr>
<td>Percentage of participants who improved/maintained at arm curl test</td>
</tr>
<tr>
<td>Percentage of participants who improved/maintained at up &amp; go test</td>
</tr>
<tr>
<td>Number of Y associations trained to deliver the program</td>
</tr>
<tr>
<td>Number of states delivering the program</td>
</tr>
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</table>
INCREASING ACCESS
IMPACT OF COVID-19 ON THE Y

Ys were among the first to close
- More than $400 million lost operational revenue in April 2020 alone
- Ys laid off or furloughed 75% to 95% of staff

Building closure did not mean the Y closed
- 1,100+ emergency child care sites
- 1,300+ sites serving meals to food-insecure children, adults, and older adults - Ys distributed 10 million pounds of food, serving 37 million meals from March to August
- 150+ Ys conducting senior wellness checks (resulting in tens of thousands of check ins each week)
- 1,400+ blood drive sites
- Transition of traditional in-person programs to virtual
- And more...
REALITY OF ARTHRITIS MANAGEMENT IN 2021

• Some programs are still paused

• Participants may not be comfortable coming back into the building

• Continuing to see models emerge for remote delivery, but must include the ability to support participants safely

• Instructors are being trained and assessed remotely

• Working to capture learnings and share successes, leading practices
EXAMPLES FROM YS

- Working with health care partners (physicians, nurses, physical therapists) to outreach into underserved communities
- Working with health care partners to hire CHWs to lead programs
- Taking the programs off-site: churches, senior centers/housing; etc.
- Bi-lingual staff and resources
- Ensuring program fees are not a barrier
EXPANDING TO REACH MORE INDIVIDUALS

Arthritis-Appropriate Evidence-Based Interventions (AAEBIs):
- Arthritis Foundation Aquatic Program
- Active Living Everyday
- EnhanceFitness
- Fit & Strong
- Walk With Ease – Group
- Promising Programs:
  - Arthritis Foundation Exercise Program
  - Walk With Ease – self-directed

Project tracks:
- Implementation
- Program Champions
- Off-Site Location Expansion
- Health Care Provider Engagement
- Targeted Marketing
- Member Engagement
- Remote Delivery

36 Ys currently working to expand access
WORKING TOGETHER
CONSIDER CROSS REFERRALS

- Scaling AAEBIs
- Programs and services addressing obesity, diabetes, and hypertension
- Meeting social needs and addressing health equity

Data Source: 2013–2015 National Health Interview Survey
THANK YOU

Heather Hodge, M.Ed.
YMCA of the USA
State Sharing

Increasing the Access of AAEBIs to Reach Diverse Populations
Christina Merrill, Kansas Arthritis Program
Arthritis Programs and Partnerships

Christina Merrill, Arthritis Program Manager (Kansas)
Christina.Merrill@ks.gov
Kansas Research and Extension

- Kansas Arthritis Program is working with KSRE to expand the reach of state-wide walking initiative, Walk Kansas, and WWE programming to rural populations in Kansas
- KSRE has extension agents placed throughout the state who are familiar with working with rural populations and are experts in offering support to meet the needs of these communities.
To protect and improve the health and environment of all Kansans

The 2 main walking programs that together run all year, are Walk Kansas and Walk With Ease.

- Walk Kansas is a 8 week program with over 5,000 participants each year! It runs from March-May and is fully accessible remotely. Registration can be found online, with a team option included. The online dashboard is created to keep you (your team) accountable during each week.
Recent Events

5th Annual Walk Kansas 5K for the Fight and 1.5-Mile Fun Walk on May 2, 2020!

- This event is an opportunity for Walk Kansas participants and anybody else to get together and celebrate their wellness efforts and successes, and support Kansas State University's Johnson Cancer Research Center.
Kujima Health

- Based out of Topeka
- Chris Omni
- Working with diverse communities in the area
- Other Programs:
  - Cancer
  - Hypertension and Diabetes
  - Kidney Disease
  - Arthritis

To protect and improve the health and environment of all Kansans
To protect and improve the health and environment of all Kansans

More About Kujima

Serving African American Females and Supporting Their Health And Wellness

Kansas Arthritis Program is working with Kujima Health and Wellness to offer a culturally tailored hybrid WWE program targeted toward African American women. This population is often largely affected by health disparities and is often underserved and overlooked.

Last program started February 14.
Chris Omni was recently a speaker for TEDTalk, link coming soon!

- https://www.kujimahealth.com/health-at-home
Thank you for listening!

Questions?
Beth Richards, Missouri Arthritis & Osteoporosis Program
MISSOURI EVIDENCE-BASED PROGRAMMING INCREASING ACCESS TO RURAL POPULATIONS

Beth Richards
Project Manager
University of Missouri - Columbia
Missouri’s Office of Primary Care and Rural Health, Primary Care Office (PCO) conducts a Needs Assessment to identify communities with the greatest unmet health care needs, disparities and health workforce shortages and to identify the key barriers to accessing primary health care.

- 32 primary care health indicators, which are subdivided into two groups: health status and health care access

- The health status and health care access indicators provide information about the relative health of each county and are used to determine where additional health resources may be necessary to meet the needs of high-risk populations
Missouri’s Regional Centers
Chronic Disease Self Management

- Chronic Disease Self Management Program
- Diabetes Self Management Program
- Walk With Ease
- All virtual and toolbox during COVID
Missouri’s Chronic Disease Partnerships

- University of Missouri Extension
- Local public health agencies
- Missouri Primary Care Association/FQHCs
- Area Agencies on Aging/Senior Centers
- Missouri Park and Recreation Association
- Health systems/clinics
- Churches
- YMCAs
The **Missouri Arthritis and Osteoporosis Program** sets **Outcome Goals** that measure how well the program helps Missourians improve their arthritis management.

In 2020, **four out of six** of these goals were reached ahead of the 2022 deadline, as shown below.

<table>
<thead>
<tr>
<th>Outcome Measure 1</th>
<th>Year 1 (2017) Target</th>
<th>Year 3 (2020) Progress</th>
<th>2022 Goal Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced percentage of adults diagnosed with arthritis in Missouri who report being physically inactive</td>
<td>37%</td>
<td>36.8%</td>
<td>✗</td>
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<thead>
<tr>
<th>Outcome Measure 2</th>
<th>Year 1 (2017) Target</th>
<th>Year 3 (2020) Progress</th>
<th>2022 Goal Achieved</th>
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</thead>
<tbody>
<tr>
<td>1% increase of adults diagnosed with arthritis in Missouri who report being counseled by a physician or other health professional to be physically active or exercise to help manage their arthritis or joint symptoms</td>
<td>58%</td>
<td>66.3%</td>
<td>✓</td>
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<thead>
<tr>
<th>Outcome Measure 3</th>
<th>Year 1 (2017) Target</th>
<th>Year 3 (2020) Progress</th>
<th>2022 Goal Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced percentage of adults diagnosed with arthritis within Missouri reporting fair or poor health status.</td>
<td>36%</td>
<td>36.3%</td>
<td>✓</td>
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<tr>
<th>Outcome Measure 4</th>
<th>Year 1 (2017) Target</th>
<th>Year 3 (2020) Progress</th>
<th>2022 Goal Achieved</th>
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</thead>
<tbody>
<tr>
<td>1% increase of adults diagnosed with arthritis in Missouri who report they have ever taken an educational course or class to teach them how to manage problems related to their arthritis or joint symptoms</td>
<td>13% (baseline)</td>
<td>15.2% (2.2 % increase)</td>
<td>✓</td>
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<tr>
<th>Outcome Measure 5</th>
<th>Year 1 (2017) Target</th>
<th>Year 3 (2020) Progress</th>
<th>2022 Goal Achieved</th>
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<tbody>
<tr>
<td>1% increase of adults diagnosed with arthritis in Missouri who report walking for exercise among their top 2 forms of exercise</td>
<td>52% (baseline)</td>
<td>41.2% (10.8% decrease)</td>
<td>✗</td>
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<th>Outcome Measure 6</th>
<th>Year 1 (2017) Target</th>
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<th>2022 Goal Achieved</th>
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<tbody>
<tr>
<td>Reduced percent of adults diagnosed with arthritis in Missouri reporting severe joint pain within the past 30 days</td>
<td>30% (baseline)</td>
<td>35.5% (5.5% increase)</td>
<td>✓</td>
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Missouri Arthritis Program
Beth Richards, Director
richardsjo@missouri.edu
www.moarthritis.org
573-884-1220