Arthritis National Grantee Meeting
May 18-20, 2021

Welcome to Day 2!
Day 2 Networking

Networking with National Partners
Nick Turkas, Arthritis Foundation

Serena Weisner and Ellen Schneider, Osteoarthritis Action Alliance

Heather Hodge, Y-USA

Tiff Cunin and Colleen Pittard, National Recreation and Park Association
Nick Turkas, Arthritis Foundation
Serena Weisner and Ellen Schneider, Osteoarthritis Action Alliance
The **Osteoarthritis (OA) Action Alliance** is a national coalition of over 130 organizations committed to elevating OA as a national health priority and promoting effective policy solutions that aim to address the individual and national toll of OA. The coalition works with the public health community to ensure people with OA have the access, skills, and capacity to benefit from effective and proven interventions.

<table>
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<tr>
<th>AAEI Program Review</th>
<th>National Public Health Agenda for OA</th>
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<td><a href="https://oaaction.unc.edu/oa-agenda/">https://oaaction.unc.edu/oa-agenda/</a></td>
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<td><strong>Action Briefs</strong> <em>(Coming Soon!)</em></td>
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<tr>
<th>Walk With Ease Portal</th>
<th>WWE Toolkit / Library of Community Resources</th>
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Heather Hodge, Y-USA
MODIFIED MOVES
MAXIMUM RESULTS

Enhance@Fitness
FACT SHEET: February 2021

PROGRAM OVERVIEW
EnhanceFitness is a proven community-based senior fitness and arthritis management program. It helps older adults become more active, energized, and empowered for independent living. EnhanceFitness has been nationally recognized by the Centers for Disease Control and Prevention, US Department of Health and Human Services, Administration for Community Living, and the National Council on Aging.

IN EACH ENHANCE@FITNESS CLASS, PARTICIPANTS EXPERIENCE:
- A certified instructor with special training
- Exercises focusing on cardiovascular endurance, strength, flexibility, and balance which can help reduce the severity of arthritis symptoms
- An atmosphere that encourages social interaction, which is a vital part of health and well-being for older adults

WHO QUALIFIES?
EnhanceFitness welcomes older adults at all fitness levels. The program is especially beneficial for older adults living with arthritis.

BY THE NUMBERS

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
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<tr>
<td>Number of participants enrolled</td>
<td>35,029</td>
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<tr>
<td>Percentage of participants who improved/maintained at chair stand test</td>
<td>75%</td>
</tr>
<tr>
<td>Percentage of participants who improved/maintained at arm curl test</td>
<td>78%</td>
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<tr>
<td>Percentage of participants who improved/maintained at up &amp; go test</td>
<td>62%</td>
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<td>Number of states delivering the program</td>
<td>45</td>
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<tr>
<td>Number of Y associations offering the program</td>
<td>248</td>
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<tr>
<td>Number of program sites</td>
<td>440</td>
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<td>81% Y Sites</td>
<td>19% Non-Y Sites</td>
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Data as of Feb. 2021

References:
Tiff Cunin and Colleen Pittard, National Recreation and Park Association
HEALTHY AGING IN PARKS

NRPA National Recreation and Park Association

Because everyone deserves a great park
About NRPA

• Mission
  • To advance parks, recreation and environmental conservation efforts that enhance the quality of life for all people.

• Vision
  • A future where the full power of parks and recreation is widely recognized for creating a better life for everybody by building strong, healthy and resilient communities.

• Pillars
  • Health and Wellness
  • Conservation
  • Equity
The Role of Parks and Recreation

• P&R professionals are key to a fully integrated public health system and serve as community wellness hubs.

• P&R agencies are a leading provider of services and recreation opportunities for older adults.

• 9 in 10 P&R agencies offer services for older adults; 76% of which offer one or more evidence-based programs.
Increasing Availability of AAEBIs

- NRPA has awarded more than 926 instructor training grants to 330 P&R agencies since 2013
- More than 2,000 AAEBI sessions have been offered at P&R agencies for the first time
- Expansion of AAEBI offerings in 49 states and the American Samoa
- In response to the limitations on in-person classes during the COVID-19 pandemic, NRPA is working with 9 agencies on a remote delivery exploration pilot
Exploring Referral & Reimbursement Systems

• NRPA has supported, expanded and evaluated clinical-community linkages and referral mechanisms via community integrated health collaborations (P&R agency and healthcare provider (HCPs) partnerships) in five communities.

• NRPA developed and disseminated an electronic health record referral process toolkit based on pilot projects.

• NRPA is currently collaborating with healthcare consultants to strengthen the business case to establish a partnership with a local, regional, or major health payor.

• NRPA is currently producing a comprehensive resource that details the challenges, opportunities, and best practices for CBO – Health Payor partnerships.
Learn more about NRPA’s Health Aging In Parks Initiative at: 

Contact Information:
Tiff Cunin, tcunin@nrpa.org
Colleen Pittard, cpittard@nrpa.org
Using Virtual Platforms to Engage Participants and Encourage Physical Activity

Trina Adler and Kate Welshons, University of Minnesota Extension
Virtual Delivery of Walk with Ease Self-Directed/Enhanced Model

- Trina Adler
- Kate Welshons

Tools, tricks and important learnings
Walk with Ease

- Partnership with MDH: Increases capacity for SNAP-Ed
  small amount of funding/support = large payoff

- 5 cohorts: 6 sessions
- Evidence-based curriculum,
  SNAP-Ed toolkit item

- Self-directed/enhanced
  model
- Zoom-based, co-facilitated
Recruitment

- Former SNAP-Ed participants
- SNAP-Ed partners

Model

- Stand alone
- + SNAP-Ed nutrition class
Preparing our instructors for virtual teaching

- Zoom training
- Co-creation
- Post-session reflections
- Support
Preparing our participants for virtual learning

- Pre-course individual preparation sessions
- Session Zero
- Co-facilitator Model
- Accessibility
“[Being online provided] an extra layer of comfort [and allowed] everyone to feel more comfortable sharing”  
(participant)

“They felt so safe because they were at home. At first, we worried that we would be intruders in their homes, so we taught them about virtual backgrounds. But they welcomed us! We were able to use real home situations as technology learning opportunities!”  
(SNAP-Ed Educator)

“We have shared up to date information about COVID resources, food distribution… we were able to connect them to financial assistance”  
(SNAP-Ed Educator)
“They motivated us, and we became a team of caring friends.”

- WWE participant
Evaluation

- Demographics
- Participant “Starting Point” survey (pre/post)
- Instructor reflections
- Participant interviews
Themes/Trends/Changes over time

- **Sharing and goal setting - group motivation**
  - Taking smaller steps to see change.

- **Participants challenged each other**
  - Worked well coteaching-bounced ideas off each other, and keep conversation going.

- **Increased stretching, Healthy competition**

- **Moved from "medium" to "low" level for fatigue. Although no significant changes in pain fatigue and physical limitations, trending in the right direction**
  - Participants were quiet at first but as they began talking and sharing they had light bulb moments.
Successes/things that worked to engage participants

- **Make recipe**
  - Sugar and fat activities
  - Co workers worked together well.

- **Small group - all men**
  - Participants had all taken SNAP-Ed classes in the past - helpful

- **Ground rules**
  - Healthy competition!

- **Motivational interviewing**

- **Agency staff was supportive**

- **Icebreakers!**

- **class reminders**
  - Hands-on cooking was great!

- **Really good connection to the participants, made it easier to relate to them**

- **participants took photos of their walks and sent them to us - shared in ppt every week**

played background music during stretches-participants enjoyed

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Things that the facilitators learned

Communications between classes helped with engagement (videos, emails, etc.)

agency connection & support

Yay for co-facilitating!
Co teaching was great! Ice Breakers helped participants open up.

needed to supplement with additional content

Co-teaching worked smoothly
Challenges

Technology was the only challenge.

Getting people to join

Remote class format has limitations

Various technology used

difficulty having participants signing on

Facilitators didn’t know enough about different types of arthritis

Tracking

Audio was a challenge for them. They were able to get speakers to help improvement of participants being able to share.

Stretching activities

Needed to supplement WWE content with nutrition content, logistics.
Surprises/A-ha's/Unexpected happenings

- A lot of sharing occurred - lot of questions asked
- They really wanted Fit Bits!
- People read book
- Incentives would've been helpful to have from beginning and throughout course
- mouse showed up-distracted participants
- Noticed discrepancies between leader book and participant guide
What’s next?

▪ Modifications to slide deck – fluid delivery of content over 6+ weeks
▪ Greater prioritization of co-creation
▪ Integration of trauma-informed and culturally-responsive facilitation practices
  – Ice-breakers, grounding and mindfulness exercises, discuss toxic stress and the role of physical activity
  – What does walking represent to you? Tell us your walking story! How does your family/your community view walking?
THANK YOU!
Fireside Chat with Q & A: The shift from in-person to virtual delivery of AAEBIs, examples from the field

Lisa Erck, NACDD Public Health Consultant, Facilitator
Mona Burwell, Virginia Arthritis Program
Cheryl Brown, Seattle Parks and Recreation
Celsa Bowman, Utah Arthritis Program &
Rebbi Burdett, Intermountain Health
Mona Burwell, Virginia Arthritis Program
EnhanceFitness - Virtual

- Began offering EnhanceFitness classes virtually in January
- We have 4 classes per week with an average registration of 14 per class, and about 8-12 in attendance for each session
- Classes will continue virtually through August 2021, then we will do a combination of in person and virtual programming
Comments from Participants

• I enjoy AM and PM classes. Attend four days in a row. Would attend weekend classes if offered.

• I prefer (live classes), I'm not good at self-direction or pre-recorded programs. Morning classes are better than afternoon because I have more energy.

• I appreciate the tech support provided over and beyond.

• I have thoroughly enjoyed the Enhance Fitness online, thank you for facilitating this program. It has been a real help.

• Very nice to skip driving and parking. I do two afternoons and this morning. A third afternoon class would be great. Both teachers do a good job changing routines at each class. Thanks!
Rebbi Burdett, Intermountain Health
Celsa Bowman, Utah Arthritis Program
Fireside Chat with Q&A: The shift from in-person to virtual delivery of AAEBIs, examples from the field

May 19, 2021

Rebbi Burdett, RN, BSN (Intermountain Healthcare) and Celsa Bowman, MS, AAS (Utah Department of Health)
Virtual & Telephonic CPSMP in Utah

Utah Department of Health perspective:

• Quick action was needed!
• Updated delivery partner contracts
• Modified data management (Compass)
  1. Virtual delivery sites added
  2. Statewide workshop search
  3. Partners agreed to share
Virtual & Telephonic CPSMP in Utah

• Logistics of communication/material distribution
• Gauging participant intent
• Leader selection
• Weekly touch points
• Surveys
Virtual Program Implementation

- Leader orientation
- 1:1
- Moderator/3rd Leader
- Session Zeros
Telephonic Program Implementation

• Leader orientation
• 1:1 session zeros
Interactive Technical Assistance with AAEBI Developers

Walk With Ease – Nick Turkas, Arthritis Foundation
EnhanceFitness – Paige Denison, Project Enhance–Sound Generations
Chronic Disease Self-Management Program / wCDSMP / CPSMP – Dr. Kate Lorig, Self-Management Resource Center
Paige Denison
Project Enhance – Sound Generations
Move More, Feel Better: Enhance®Fitness

Presenter: Paige Denison, Director - Project Enhance, Sound Generations
What are we doing?

EF remotely delivered on two-way platform, no changes to workout

TECH SUPPORT
• Session zero, 1:1 orientation
• Tech Asst
• Digital Engagement Divide

SAFETY
• Fitness Assessment - deconditioning
• Check space – 5x5 clutter free
• Class size decreased from 25 to 12 people per session
• Emergency contact and location verified for each session
• Tech Asst required – extra eyes/ears as well as tech support

*Hybrid guidance added May 2021
Hybrid delivery combines in-person and remote delivery during the same session
How much are we doing?

Pre-COVID March 2020:
• 25,000 (tracked unique) participants yearly
• 1660 classes, 797 sites in 43 States and DC

Remote Delivery Guidance issued September 2020*:
• 718 (tracked unique) participants to date
• 62 (tracked unique) classes in 10 States & growing
How well are we doing? Is anyone better off?

Ongoing Clinical Trial Learnings* Snapshot
*supported by the National Institute on Aging/NIH (R01 AG060992; PI: Kushang Patel, University of Washington)

- 124 remote classes, 56 participants with Knee Osteoarthritis
- Median Attendance Rate: 87%
- No dropouts
- No safety events
- At 16 weeks measurement, improved self reported knee physical functioning and QOL, decreased pain interference with physical functioning
- Heart rate 60-64% Max
- Subsample mean RPE 5.6-6.4 on scale 1-10

- Acceptability: 95.5% of participants reported satisfied or very satisfied with remote EF
- Helpful in supporting PA: (0=not at all helpful, 10=very helpful) was 9.1 (SD=1.9)
4 Themes emerged:

1) Participants desire features in a tele-exercise program that foster accountability;

2) importance of direct access to helpful people who can troubleshoot and provide guidance with technology;

3) opportunities to participate in high value activities motivates willingness to persevere through technology concerns;

4) and belief in the ability to learn new things supersedes technology-related anxiety.

Median attendance was 100% for the first six sessions and 93% for the subsequent 42 sessions.
Implementation and Next Steps

ATTENDANCE
• Class registration numbers strong

ENGAGEMENT
• Instructor skill building

REACH
• New populations of younger older adults, people aging with disability, caregivers

BARRIERS
• Digital engagement issues – sites, leaders and participants
Next Steps

• Continuous improvement
• Sustaining and scaling

EnhanceFitness can only succeed at a population health level if affordable across most settings and delivered routinely and equitably over diverse populations.
Thank you for all you are doing!

For more information about Project Enhance and EnhanceFitness:
Paige Denison paiged@soundgenerations.org  www.projectenhance.org
Kate Lorig
Self-Management Resource Center
- Updated Chronic Pain Program and Book fall 2021
- CDSMP and CPSMP available in person, virtual, toolkits and telephone
- Virtual Leader training available
- Virtual Master training available
- Pilot outcome data for CPSMP as delivered by toolkit and phone
Intervention:

- Mailed Tool Kit (book, self-test, tip sheets, exercise CD, relaxation CD)
- Six weekly scripted phone calls conducted by Peer Leader
- 3-4 participants in each group

Attendance: About 80% attended 4 or more sessions
Who was in the study?

- Female: 87%
- Mean Age: 72
- Ed 12 years or less: 29%
- Disabled: 59%
- African Am.: 47%
- Duel eligible: 24%
Outcomes (preliminary) (N=80)

- Significant p< .01
- Reduced pain severity (Visual Numeric Scale) 13%
- Reduced depression (PHQ-8) 22%
- Increased self-efficacy (CDSE Scale) 10%

More to come!