



**Healthy Aging and Physical Activity:
Advancing Healthy Communities Through Physical Activity
Programs Success Showcase 2022**

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Thursday, Jan. 20, 2022

LESLIE BEST:

Good afternoon everyone. And thank you for joining us. My name is Leslie Best, and I'm joining in my colleagues, Heather Murphy and Karma Harris, Leah Rimkus for the session today. Leah is the support person for this room, for this session. If you have any questions or having any technical difficulties, please send a private chat to Leah and she'll take care of you.

Uh, this will end our, um, our presentations for the day and invite you to move into the next session for the closing discussions. The idea behind the integrating Alzheimer's Messages into Chronic Disease Project is to advance awareness about the interplay between brain health and overall physical health and linking these messages into chronic disease prevention programs.

And I'll be talking more about this project a little later on in the presentation. So why is it important to understand the relationship of chronic disease to Alzheimer's and other dementia? In addition to being more likely to have chronic conditions, there are over 6 million people in America currently living with Alzheimer's disease.

1 in 3 seniors dies with Alzheimer's disease or related dementia. And it's expensive. It's estimated that Alzheimer's disease or related dementia costs the United States \$355 billion in 2021. By 2050, this is estimated to increase to 1.1 trillion. And we have unseen costs. As more than 11 million Americans are providing unpaid care to persons with Alzheimer's disease, with an estimated value of over \$250 billion.

But we have many studies that have documented the effects of healthy lifestyles on a reduced risk of dementia. The American Academy of Neurology has found that the risk of Alzheimer's was 37% lower in those with two to three healthy lifestyles, as lifestyles are spelled out for you on the second bullet on the slide. This was further supported by the 2020 Lancet Commission report that addressed 12 modifiable risk factors for Alzheimer's.

And most recently a November 21 study out of the Rush Memory and Aging Project, which found that being physically active may delay or alter memory loss from



Alzheimer's disease in older adults. So we've been working on this particular program since 2019 with CDC. We convened a national steering committee of national subject matter experts to help us develop messages that could be integrated into chronic disease programs for blood pressure management, diabetes, heart health, nutrition, physical activity, and we have an infographic.

We have them in both English and Spanish, as you can see. On the left, you can see where we have modified the rack card to include the logo from the state of Colorado and on the right for the state of Oklahoma. I'll explain this process to you in the next slide, but I want to note that HHS has recognized the importance of risk reduction in addressing Alzheimer's disease and has added a sixth goal to its national plan to focus on accelerating action to promote healthy aging and reducing the risk of Alzheimer's disease.

So as I mentioned, we have established a process where states can modify the rack card, add their state logo, the logo of a partner or a coalition, or of a local health department, or to add links to local programming. This is not limited to BOLD funded states. We want these resources to be used widely and effectively by any state that wants to use them.

So if you would like to implement these resources into your chronic disease programs or to add your state's logo to them, please get in touch with me and I'll walk you through the process. And I encourage states that are non BOLD funded to also participate and get in touch with me. All of these activities are based upon the state and local public health partnerships to address dementia.

This roadmap was developed in partnership between the CDC and Alzheimer's Association to advance cognitive health as an integral component of overall physical health and of public health. And we have a companion document, the Roadmap for Indian Country, which is the first ever guide that addresses dementia in American Indian and Alaska native community.

Our national healthy brain initiative grantees are shown with green dots. The Alzheimer's Association there in Chicago has the lead to assist with the implementation and evaluation of the current roadmap and the development of future roadmaps. We have also have three other recipients that are supporting populations with a high burden of Alzheimer's disease and related dementia. The University of Illinois Chicago with a focus on individuals with developmental disabilities, the International Association for Indigenous Aging, with a focus on American Indian population and Us Against Alzheimer's with a focus on black and Latinx communities. The CDC BOLD program grantees is the building our largest dementia infrastructure and this funds public health departments across the country to implement policy systems and environmental change



to promote risk reduction, early diagnosis, avoidable hospitalization, and management of comorbidities. The core capacity recipients are shown in dark blue. They will be creating statewide dementia coalitions and developing strategic plans.

The enhanced recipients are shown in light blue. They already have this in place and will be implementing recommendations out of their strategic plans. The stars you see showcase the Northwest Portland area Indian Health Board, as it serves all 43 recognized tribes in Oregon, Washington, and Idaho, and is a core grantee.

There are also three public health centers of excellence. One at the University of Minnesota to address caregiving, one with the Alzheimer's Association focused on risk reduction and one at the NYU School of Medicine that's focused on early detection. This slide displays some accomplishments of CDC national partners, including the Alzheimer's Association, ASTHO, and NACDD.

Our future opportunities are to develop ways to better integrate the messaging into chronic disease programs. We're looking at WISEWOMAN now to how do we make our messages and our media relevant to WISEWOMAN program clients. If you have ideas on how to better leverage chronic disease programs to integrate the brain health messages, I would love to talk to you.

So please get in touch with me for that. My contact information is on the last slide. So there are substantial inequities in accessing care for Alzheimer's disease. While black people are two times more likely than white people to have Alzheimer's or other dementia, they are 36 times more likely not to receive a diagnosis.

And according to the same report from the Alzheimer's Association, two thirds of black people believe it's harder for them to get excellent care for Alzheimer's disease. And likewise, two in five native Americans, 39% of Latinx peoples, and one third of Asian Americans believe their own race or ethnicity makes it harder to get care.

This slide shows my contact information and the NACDD website for this project. And now I'd like to turn it over to my colleague, Heather Murphy, who will introduce you to the new NACDD Center for Advancing Healthy Communities. Heather.

HEATHER MURPHY:

Great. Thank you, Leslie. Hello everyone. My name is Heather Murphy and along with Leslie Best and Karma Harris, I am a public health consultant for NACDD.



The next several projects that will be discussed are located in the Center for Advancing Healthy Communities at NACDD. And the center exists to foster healthy communities for all by advancing health equity, eliminating social barriers. Jennie Hefelfinger is the director for the center and Vish Vasani is the associate director.

So through the six strategic activities outlined here, the center works to make public health programs more effective, equitable, and inclusive. So please visit the NACDD Center for Advancing Healthy Communities website for additional information. And I think Leah just posted the link in the chat. So thank you, Leah, for doing that.

I'd like to transition into talking about one of the portfolios in the Center for Advancing Healthy Communities. The arthritis portfolio, which is funded through the CDC Advancing Arthritis Public Health Priorities through National Organizations cooperative agreement. I along with my colleague Lisa Erck, also a public health consultant for NACDD, provide support for the NACDD arthritis portfolio.

For the past 20 years, NACDD has managed a robust arthritis portfolio, which has included increasing the adoption of arthritis appropriate evidence-based interventions, also known as AAEBIs, conducting national training and technical assistance activities to expand state capacity, convening peer to peer forums, facilitating community clinical collaborations and sharing best practices.

Currently NACDD is funded for two components of a new 5 year arthritis cooperative agreement. I'll be speaking about these two components today. Component 1 strategy D focuses on expanding state capacity to address arthritis and then component 2 focuses on developing and implementing an evidence informed health care provider approach for arthritis management.

So I'll start with component 1 strategy D of the cooperative agreement. For the next five years, NACDD will focus on expanding the capacity for arthritis programs through a number of key activities. The arthritis council will help direct efforts which include training and technical assistance, design of a web-based repository and opportunities for peer collaboration. While we're only in the fourth month of our first of five years, we've already begun to make improvements to the arthritis council reaching new members. We've convened national arthritis partners for a virtual meeting, provide technical assistance webinars on newly approved arthritis self management programs, leveraging community health workers to support arthritis public health strategies, and working with units on aging to advanced arthritis public health strategies.

We've also built and streamlined a website to provide resources and tools for our local state and national arthritis partners. Through the work of the arthritis portfolio and the center, we're striving to make public health programs more effective, more equitable,

and more inclusive. NACDD will continue to collaborate with organizations representing underserved populations to ensure that all activities and strategies take into account the needs of those experiencing a disproportionate burden of arthritis. Underserved populations include, but are not limited to black people, Latinx people, American Indians, Native Americans, low income households, adults with disabilities, uninsured, and under-insured adults and adults living in rural areas.

Because arthritis and mobility limitations can impact other chronic conditions, NACDD continues to explore opportunities to partner with other programs like work at health to address worksite wellness. WISEWOMAN to reach low income uninsured and under-insured women with evidence-based interventions that help increase physical activity, diabetes prevention programs to couple programs like the Arthritis Foundation's Walk With Ease program with the NDPP and others. I'd like to take a few seconds to encourage you to consider visiting one of the other breakout rooms through accessing a recording once this showcase is done and once it's available. Both the military health and the work at health programs are being featured in the advancing healthy communities through cross cross sector partnerships room.

So I want to move into the component 2 part of the arthritis portfolio. And this work is also going to help support the efforts of our state and national partners. The project will focus on the development and implementation of an evidence informed health care provider approach to conduct function, pain, and physical activity screenings, patient counseling on the benefits of physical activity and referrals to arthritis appropriate activity and self-management programs. This strategic approach will enhance the healthcare provider awareness, knowledge and skills to promote physical activity as an effective drug free way to relieve arthritis, pain, improve function, and limit arthritis progression among adults with arthritis.

In the first year of our project, NACDD will work with Lovett partners to conduct a landscape assessment and convene a national panel of experts. In conjunction with the landscape assessment and in partnership with Medscape, a question and answer based clinical practice assessment will be designed and implemented to evaluate knowledge, competence, and attitudes regarding the management of patients with arthritis and provide a baseline snapshot of the identified audiences, current practices and educational needs. A draft of this evidence informed approach framework will be available by the end of year two. And a pilot should begin in year three, focusing on implementation in a large health system that serves a high percentage of Medicare and Medicaid eligible patients and clients, such as those seen at a federally qualified health center, FQHC, or veterans health administration center.

Years three and four, we'll focus on refinement of the approach, marketing and promotion, working with partners Medscape, and Helio. And then year five, we'll conclude with a showcase, a harvest meeting to showcase lessons learned, successes



and challenges, and plan for future approaches. So in addition to the project partners that we've outlined here on this slide, NACDD is also leveraging the expertise of the Arthritis Foundation, the American College of Rheumatology and Comagine Health.

So for additional information on the NACDD arthritis portfolio, I'd encourage you to visit our website that's listed here or email me or my colleague Lisa Erck. So thanks so much for listening today, and I'd like to turn it over to my colleague Karma Harris.

KARMA HARRIS:

All right. Thank you so much, Heather. Thank you so much, Leslie.

Uh, good afternoon everyone. I'm happy to be here today. Thank you for attending our showcase. My name is Karma Harris. I'm a public health consultant and I get to lead two really fun projects for NACDD, the Walkability efforts and our Inclusive Healthy Communities efforts. I'll talk to you about both of those projects, but they both start with this premise.

And this is because at NACDD, we believe that all communities and states should be designed to support healthy living for all people. And so with this thought in mind, the first project I'll talk to you about is our Walkability Action Institute, or the WAI, as many of you may know it from. The WAI project is funded by the Division of Nutrition, Physical Activity, and Obesity, specifically their physical activity branch within the division. To me, they are more than funders, they're very great partners with this project and we are happy to also work with them and use this project to help with their Active People Healthy Nation efforts.

An overview of this project. It consists of a course, an action institute and learning experience where people come together for a three night, four day period of time and interdisciplinary teams comprised of public health planning, transportation, elected officials, and other contributing stakeholder disciplines will apply to receive travel funds to attend this course.

And then when they get there, they learned from a dream team of national experts in each of these different disciplines for walkability, moveability, built environment, active transportation, and each team will develop a team action plan that will have macro level policy system, environmental change strategies that will help them make improvements in walkability, movability, community, and transportation design.

This course is super fun. We do a ton of different learning methods. They're fun, they're innovative, they're experiential. We combine indoor and outdoor learning. We do field

trips, scavenger hunts, you name it. And when somebody, when they come through the course, they then can join our national WAI alumni network through NACDD. And we host a bi-monthly community of practice to serve as ongoing peer support. And we keep them engaged with each other and also with us so we can kind of stay on top of what they're doing, help be their cheerleaders, and learn about all their great work. As many of you have done in 2020 when the pandemic hit, we had to convert this amazing in-person experience to a Walkability Virtual Academy, or a WVA.

So you'll hear me reference both the WAI and the WVA in my remarks. This is a snapshot of our walkability teams who have participated with us in the WAI and the WVA over the last seven years. I love this picture, but I also want a lot more stars on this picture. So my dream is to see it full of stars of participants in our course.

If you look at this slide, this big green square has a ton of bullet points. And if you look at them closely, they can be overwhelming. They are the topics that we cover in this course. It is a ton of stuff. And if you're a public health person, you may not recognize a lot of this content. This is because this work is interdisciplinary in nature.

Anything you see in green in the square is our attempts to integrate equity into the content. We are very proactive and intentional and addressing uncomfortable topics in a comfortable way in this course. We're very intentional about disability inclusion, racial equity, cultural inclusion, social, cultural, and environmental justice.

We feel like if we're doing this work and we're actually trying to spur change across the country and on the ground in our communities and states, and we're not touching these things, we're not doing our jobs the right way. We embed our equity efforts into our application process, into our national RFA when we led this nationally.

And now that we're helping states do it, we encourage them to carry that baton for us as well. So, this is my favorite slide for this project. That's where I get to brag on what our teams have done. We have worked with 67 teams from 31 states in the last seven years. They have collectively achieved 876 walkability related outcomes.

And those outcomes have reached nearly 48 million people in those 31 states. The next figure is my favorite and this is because we are not giving them grant money, they have leveraged more than \$284 million collectively reported to do this work and implement these really important changes on the ground.

If you look at the money that DNPAO has given us to do this project over the last seven years, and you look at the money that our teams have leveraged to do the work, that gives us a project ROI of around a 211 to 1 ratio. We're really proud of that. We do maintain state specific data and cohort specific data.

So if you're ever interested in what's going on in your state or your neck of the woods, you can always reach out directly to me and I can compile those for you. So we have been doing this in Decatur for a number of years, which is where we're headquartered. It was a national WAI. In the last couple of years, CDC has asked us to scale this more, do more trainings, reach more people, do it in more states. So we have taken the show on the road to some of the funded SPAN states. We did Arkansas and New York in 2021, they had to participate virtually with us. And this year we're working with Utah and Washington in 2022.

We are knee deep in those activities right now. As I mentioned, we did convert this to a WVA pilot project in 2020. To date, during the pandemic, we've implemented three WVAs and we've got some really good data supporting that model as well. This course is an amazing platform to integrate place-based approaches, racial equity priorities, disability inclusion, and social environmental justice into our course content. A lot of times you can't integrate all of this into one project. And this project is, is sort of the exception to that rule. But we are also very intentional about collaborating with other projects at NACDD, especially those that have a physical activity component in their projects, in our new Center for Advancing Healthy Communities.

The next project I'm going to talk to you about is our Reaching People with Disabilities through Healthy Communities project. It was a five year pilot project funded by the Disability and Health promotion branch in the disability center at CDC. This project ended in July of 2021. I've shortened this name over the years to be called Inclusive Healthy Communities Project.

The tagline was making healthy choices the easier choices in areas where all people live, learn, work, play, pray, and receive care. So this project is structured similarly to the walkability project in that we bring different disciplines together to work with multi-sectorial and interdisciplinary coalitions.

We think that we brought Disability and Health folks and traditional local healthy community public health folks together for the first time, uh, on purpose with this project. And then we brought their teams in for in-person and virtual training. They also learned from a dream team of national experts in the fields of healthy communities and disability inclusion.

Our friends at NCHPAD at Lakeshore really helped us a lot with this project and with training our folks. And once they attended training, they also developed team action plans of policy system environmental strategies. But the caveat is that these strategies had to be inclusive to persons with disabilities.

We integrated our state expert advisor model, which I'll speak to in just a second. But it's where we basically link our community folks with our state expert and it forms like a three tiered triangle partnership between us, our states, and our local communities. We established a peer learning network where we continue to provide peer support, not just us and them, but all the sub-recipients to each other.

They have developed a great relationship and comradery. And this entire project was designed around a past proven healthy communities model that consisted of a phased approach to healthy communities change comprised of the six phases of what we think are the natural phases in accomplishing healthy community policy system environmental changes at the local level. And this model was called the Inclusive Healthy Communities Change Model. This is a snapshot of our participants. We worked with the five state disability and health programs in Oregon, Montana, Iowa, Ohio, and New York, and two communities from each state. My favorite part about this slide is the fact that in this pilot project, we've literally spanned coast to coast.

And so I'm really proud of that. The equity component here is specific to disabilities. However, disabilities really intersects with other aspects of equity across racial and ethnic lines. Disability impacts all of us. According to recent data, more than one in four of us identifies as a person with at least one disability.

There are many types of disabilities. Some of these are visible and invisible. Some are temporary, some are permanent. And we do know that people that are living with disabilities do disproportionately have health issues. They are more likely to be obese. They may smoke. They may have heart disease. They may have diabetes.

There are also other compounding factors because people with disabilities often lack access and opportunity for healthy behaviors, such as physical activity and healthy eating. And then also is compounded by some social determinant of health and root cause factors as well. This is a great slide that shows all of our data for the final data in the pilot project, but it doesn't really paint the picture of just how meaningful this project was.

We achieved 624 PSE outcomes. Most of those were in the form of environmental changes. We have different focus areas, as you can see on the left hand of the slide here, but most of them came in the realm of physical activity and general accessibility improvements to the built environment. These changes were mostly accomplished at the community at large sector and the community institutions and organization sector.

And we reached over 4.6 million total population members within these 10 locations in these five states. And of that, more than one and a half million are people that are living

with disabilities. So future opportunities. There's a lot here. We actually do not have funding for this. We want and desire funding from this.

We want to leverage funding, whether it's CDC or other funders. We want to continue this model. We want to expand this model into more states and communities. This project is a really good candidate for a mentor mentee model that we've used in the past that we would love to have additional implementation data on.

And NACDD has also developed our own case story and case story materials to promote this project and to have conversations with potential funders. Also within our center and NACDD as a whole, we are working really hard to embed disability inclusion as an equity goal for us, in addition to race and ethnicity and the other forms of equity that we work with. The best stat of the whole project is that NACDD is a better NACDD after having been involved with this project, because now we are integrating disability inclusion, not only in our new Center for Advancing Healthy Communities, but at other projects association wide.

The partnership for both projects. There's a lot of overlap with physical activity and built environment amongst these two projects. You can see our partners here. You may recognize some of them, you may not. But these are the people that really help put wheels to the vehicle, so to speak and get these changes on the ground, really moving for us.

So the cliché is it takes teamwork to make the dream work, and they are really responsible for contributing to our success. And if you have any questions on this project or, or the walkability project, you can contact me directly at this email address. I love talking about these projects. So feel free to hit me up with questions.

If you want to have additional conversations or interested in partnering with us or something like that, please hit me up. We would love to have that as well. And I know that we have just a few minutes left before this final breakout closes, but these are some key takeaways from Leslie, Heather, and I that we want to leave you with as you go to the final segment.

The first we learned with Leslie is that physical activity, even later years in life has been shown to reduce risk for dementia. You know, this is the physical activity room. We're looking for the overlap here in our different projects. And with Heather's arthritis projects, physical activity can help ease arthritis pain, morning stiffness, improve joint flexibility, reduce the likelihood of disability and put us in a better mood.

And then with my projects, our key takeaway is that for both projects, communities and states everywhere should be designed such that active transportation, physical activity

in places of interest or universally accessible for all people. And so we're happy to spend a couple minutes answering any questions if you do have it.

I think this is the first time we may have had a minute or two at the end. And I'll sort of start that process by asking you the question. How can NACDD support your work in terms of inclusive physical activity in your projects? If there is a question, we're happy to answer it. If not, if you want think more about how we can help you and how you can work with us, Leah is going to put the link to the program showcase contact form, and you can use that, that link and that form to reach out directly to us and have another conversation with Leslie, Heather, and or myself. Thank you everyone. Have a great day.

- **END OF TRANSCRIPT** -