

Advancing Arthritis Public Health Priorities through National Organizations TA/Peer Sharing Webinar Series

Tuesday, December 7, 2021 @ 2:00 p.m. ET

Growing the AAEBI Menu: Spotlight on Newly Approved Programs TA/Peer Sharing Webinar Series

Webinar Notes and Resources

- Materials available on the Action on Arthritis website:
<https://actiononarthritis.chronicdisease.org/monthly-webinars/>
- Meeting Recording:
https://chronicdisease.zoom.us/rec/share/OMIJ2qmRqkIcEzI9NYzNGaC-gtKEIqN08cggA_HfXyg60CrfMI8ZnY-dfLI4hMzM.uCpqNOz6fHVIpGjI?startTime=1638903601000

Presenters:

- **Ellen Schneider:** Osteoarthritis Action Alliance
- **Paige Denison:** EnhanceWellness paiged@soundgenerations.org
- **Susan Hughes and Andrew Demott:** Fit&Strong! Plus shughes@uic.edu or ademot1@uic.edu
- **Lesley Steinman:** Program to Encourage Active, Rewarding Lives (PEARLS) lesles@uw.edu
- **Dawna Pidgeon:** Tai Ji Quan: Moving for Better Balance Dawna.M.Pidgeon@Hitchcock.org
- **Kate Lorig:** Workplace Chronic Disease Self-Management Program Kate@Selfmanagementresource.com

Participants:

- 53 total participants
 - 19 states (WA, MN, MI, OK, MO, NY, UT, KS, NV, IL, RI, NC, WV, MA, VA, MT, AR, AZ, OR)
 - 4 national organizations (including CDC and NACDD)

Q&A and State Sharing

- Q: Has anyone assessed how diverse offerings (mode, methods, locations, etc.) have influenced social participation among community members?
 - A from Dawna: We have had great feedback from participants with regards to remote delivery of programs and ability to be connected to other individuals. We always allow 15 minutes or “chatting” time prior to the start of hour of exercise class to encourage social connectedness. Of course, in-person classes are structured the same way. I believe in the future, CBOs being able to implement both remote and in-person programming will be critical. Though there are

barriers to remote delivery, it has enabled us to engage participants who otherwise would not have been able to participate (due to location, or ability to travel). Perhaps this will be a pandemic silver lining. We were honored (along with Paige and others) to participate with Lesley's ACL pilot study with remote delivery of EBP. I look forward to these results as data is now being analyzed and continued work with this.

- A from Sue: We designed Fit & Strong as a group-based program to maximize the benefit of peer/group reinforcement and modeling and were concerned about losing that element in the virtual version. For that reason, we included a question on social connectedness in our evaluation of our online program and found that 85% of participants said participation in the online program improved their feeling of being connected.
- Q for Paige Denison: How are participants identified for EnhanceWellness?
 - A: Participants are identified in a variety of ways including self-identification, physician referral, and case manager or social worker referral. It differs by setting and how the organization chooses to implement.
- Q: Are Tai Ji Quan and Tai Chi Moving for Better Balance the same thing?
 - A: Tai Ji Quan: Moving for Better Balance and Tai Chi Moving for Better Balance are both copyrighted through Oregon Research Institute (ORI) - Dr. Fuzhong Li's organization. The program was formerly called Tai Chi Moving for Better Balance and now TJQMBB. I do know Dr. Li worked with Y-USA a number of years ago. If someone receives training through an ORI Authorized Trainer (2-day training) they are certified to teach this evidence-based program.
- Q: Who are good partners to reach out to implement Tai Ji Quan?
 - A: We work with a lot of YMCAs training instructors for TJQMBB- it is a very good fit for YMCA delivery!
- Q: What are some of the common barriers you have seen to implementing your AAEBI in priority communities? How can we work to overcome those barriers?
 - A:
 - **Systems issues** - US healthcare system financial incentives do not align with prevention. Health and human services are fragmented and disconnected. Barriers are most acute for older adults and other populations impacted by health disparities. Additionally, community-based organizations are overwhelmed, understaffed, and have other priorities. Evidence-based programs are not their priority/focus. Especially as we have gone virtual, many organizations do not have or do not believe they can do this.
 - Many YMCAs have lost membership due to the pandemic as well as staffing. Though many are still focused on Healthy Living Initiatives, the staffing, membership, and

reimbursement are making it challenging to deliver programs.

- There is an opportunity to get payors engaged in paying for evidence-based programs. We must influence public opinion and legislators about the benefits of the program and the barriers encountered trying to get them out to the people who can benefit from them. There are also new opportunities with the American Rescue Plan Act of 2021 (ARPA) funding.
- **COVID-19** – Covid caused disruption of in person classes, leader furloughs, and site closures. The robust delivery system is frayed by competing demands during the pandemic. Additionally, delta and other variants emerged as sites are beginning to re-open. This is causing re-evaluation of delivery options and staffing structures.
 - Recruiting/retaining volunteers is challenging as many are older adults or have other health issues and are not able to commit to EBP delivery- whether due to technical challenges or not being comfortable with in-person delivery. There is an opportunity to promote and support participants and sites that are willing to enroll in and implement online programs both during and after COVID.
- **Digital engagement divide** – Participants often don't have devices or broadband to access virtual or remote programs and delivery organizations have a hard time addressing technical support issues. In some cases, the program delivery site also has broadband issues. This is particularly true in rural and underserved communities.
 - Additionally, some program developers have been slow to adapt to anything other than internet use such as mail and telephone delivered programs. Also, community-based organizations often lack the capacity or the willingness to offer programs other than face-to-face. "That is not how we do it" mentality.
 - Although some developers are seeing a number of providers who envision online as part of the future and are enthusiastic about getting involved as long as they can be supported throughout the process.
- **Stagnant administration funding** - Lack of resources for investment into program administration infrastructure, business development, adaptation, marketing, etc. With the addition of many new programs sustainability will be even more difficult. A stable source of funding is needed.

- Other funding sources such as Medicare advantage plans, Health Care Systems, Senior Living corporations, etc. are available, but barriers exist to their use. Many CBOs do not know how to negotiate at this level and often don't want to. I see a trend of more and more health care organizations offering and controlling their own programs rather than depending on CBOs.
 - Community-based organizations don't always communicate with healthcare providers. For example, CBOs do not have direct access to EMR/ healthcare organizations in most instances making ease of referrals and feedback loops challenging.
 - We need to support and evaluate the efforts of AAAs and COBs to develop model MCO contracts, making sure evidence-based programs are included.
- **Network sustainability** - Limited resources are divided between the parallel needs of growing community capacity for offering evidence-based programs and building integrated referral networks (e.g., CIEs) to develop demand for them.
 - Though it is important to recognize and build on best practices like the models that the National Council on Aging ([NCOA](#)) and the Aging and Disability Business Institute ([ADBI](#)) are developing.
 - **Staff turnover** at delivery organizations. All history is lost when someone leaves an organization.
 - The staff turnover/unavailability is particularly true at exercise delivery sites i.e., YMCAs, health clubs and community centers as well as healthcare organizations. Many clinicians delivering EBPs were redeployed back to clinical settings full time due to the pandemic.
 - **Supply chain issues** for various equipment, etc. is another barrier we are still dealing with.
- Q: Is there an opportunity to use some of these newly approved AAEBIs to open doors to partnerships with stakeholders that we haven't been traditionally successful in partnering with? If so, are there certain ones that come to mind?
 - A: EnhanceWellness works quite well as a referral hub for evidence-based practices and other services, resources. For instance, an EW client can have an EBP workshop or exercise class integrated into their Health Action Plan and resolution of the Digital Engagement piece being part of the skill building, etc.
 - A: Dartmouth worked with many partners throughout the northeast in our Implementation Workshop (offered as a part of our Instructor/EBP

training) and will emphasize how all the evidence-based programs can be complementary to each other. For example, Tai Ji Quan: Moving for Better Balance® is a highly effective falls prevention exercise class. This complements educational evidence-based programs perfectly as people are using motivational interviewing and other skills to engage in healthy behaviors. It can also complement other exercise programs such as WWE and EF by adding a Tai Ji (Tai Chi) component and perhaps a falls prevention component. There is no one program that will serve all the needs of older adults. Working together, funding multiple programs, will benefit older adults by increasing healthy behaviors, physical activity, balance, function, and learning to take control of their health, all contributing toward a better quality of life for older adults.

- By continuing to communicate openly with all EBP developers, share experiences, research findings and challenges, we can strengthen our programs. Additionally, we might be able to collectively change how EBPs are reimbursed at a federal level (e.g, CMS).
- A: Fit&Strong! and F&S Plus can very easily be referral programs for completers of CDSME, PEARLS and EnhanceWellness. We can take people who have painful OA and get them ready to move on safely to EnhanceFitness and Walk With Ease as maintenance programs. We can also refer them to Tai Ji Quan to help them continue to work on flexibility and balance. I agree that a robust network of providers in a great way to entice MCOs to work with us.

Resources

- **AAEBI Menu:** <https://oaaction.unc.edu/aaebi/>
- **EnhanceWellness**
 - **EnhanceWellness website:** <https://projectenhance.org/enhancewellness/>
 - **EnhanceWellness Class Locator:** <https://projectenhance.org/locations/>
 - **Video on EnhanceWellness and other EBIs:** <https://youtu.be/HSvEs2NzmEk>
 - **EnhanceWellness Fast Facts:** <https://actiononarthritis.chronicdisease.org/wp-content/uploads/2021/12/EW-Fast-Facts-2021-copy.pdf>
- **PEARLS:**
 - **Personal story about PEARLS** https://www.huffpost.com/entry/pearls-of-hope-how-a-new-targeted-treatment-program_b_59119a58e4b046ea176aeebf
 - **Impact of PEARLS on social connectedness for underserved older adults:** <https://pubmed.ncbi.nlm.nih.gov/33187883/>
 - **Research on PEARLS and health equity** <https://depts.washington.edu/hprc/projects/pearls-equity/>

- **PEARLS Website:** <https://depts.washington.edu/hprc/programs-tools/pearls/>
 - Success Stories: <https://depts.washington.edu/hprc/programs-tools/pearls/pearls-success-stories/>
 - Program Details and FAQs: <https://depts.washington.edu/hprc/programs-tools/pearls/pearls-details-faqs/>
 - Training: <https://depts.washington.edu/hprc/programs-tools/pearls/get-started-with-pearls/>
- **Fit & Strong! Plus:**
 - A breakdown of the license, instructor training, and equipment costs is available by emailing ademot1@uic.edu
 - **Fit & Strong! Website (Fit & Strong! Plus coming soon):** <https://www.fitandstrong.org/>
- **Tai Ji Quan- Moving for Better Balance:**
 - **Tai Ji Quan Website:** <https://tjqmbb.org/>
 - **Fact Sheet:** https://tjqmbb.org/wp-content/uploads/2019/02/TJQMBB_Fact_Sheet_2019.pdf
 - **Citation Document:** <https://actiononarthritis.chronicdisease.org/wp-content/uploads/2021/12/Citation-Document-PEARLS-.pdf>
- **Workplace Chronic Disease Self-Management Program:**
 - **SMRC:** <https://selfmanagementresource.com/>
 - **Workplace Chronic Disease Self-Management program** <https://selfmanagementresource.com/programs/small-group/workplace-chronic-disease-self-management-small-group/>
 - **Guidance on delivering wCDSMP during the pandemic** <https://selfmanagementresource.com/resources/resources-workshop-resources-during-covid-19-pandemic/>
- **Social Isolation and Loneliness in Older Adults:**
 - Recent NASEM report with a comprehensive review of brief measures, risk factors, interventions and more: <https://www.nap.edu/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the>
 - <https://www.cdc.gov/aging/publications/features/lonely-older-adults.html>
 - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7437541/>

Evaluation and Engagement:

- **Poll Question:** I gained skills related to my organization's ability to increase capacity to work with partners to implement newly approved AAEBIs
 - 100% Strongly Agree or Agree
- **Poll Question:** Please provide additional information on the specific skills that you gained as a result of attending today's webinar. (Select all that apply)
 - 84% - Knowledge about newly approved AAEBIs and opportunities for collaboration

- 60% - New ideas/ways of thinking about my programs current approach to increase arthritis public health strategies
- 40% - New partners to engage with to address arthritis
- 36% - Strategies to sustain arthritis efforts
- 4% - Other
- **What is one thing that you hope to learn on the webinar today?**
 - New program options and outcomes
 - About an AAEBI that I am not familiar with
 - Information on counseling and referral strategies to newly approved AAEBIs
 - Remote offerings
 - Local CBOs who are offering newly approved AAEBIs and/or good fits to offer new programs
- **Are you currently implementing any of the newly approved AAEBIs in your state? If so, which ones?**
 - Minnesota: Chronic Pain Self-Management Program, AEA Arthritis Foundation Exercise Program, Tai Ji Quan: Moving for Better Balance
 - Missouri: Walk With Ease Self-Directed, Chronic Pain Self-Management Program, wCDSMP
 - Michigan: Tai Chi for Arthritis, AEA Arthritis Foundation Exercise Program
 - North Carolina: Tai Chi for Arthritis, Walk With Ease Self-Directed, Chronic Pain Self-Management Program

Upcoming Events and Action Items:

- **Upcoming Events:**
 - AAEBI Review Progress: OAAA lunch and learn on January 19th, 2022
https://zoom.us/meeting/register/tJUtduutqjstH9XMpOELq0tyvc2wxvOqpzXi?utm_source=Nick+Beresic+only&utm_campaign=c0c30a4a13-LNL+Jan+2019_COPY_01&utm_medium=email&utm_term=0_d090996064-c0c30a4a13-99735801
 - January 4, 2021, Arthritis Council Business Meeting @ 2:00 p.m. ET. Please register in advance
<https://chronicdisease.zoom.us/meeting/register/tZUscOGprDosGtNe6JaVFBIwDa7nTmAk6mfG>
- **Action Items:**
 - Please complete the remote evidence-based program evaluation <https://forms.gle/GCKd8CqJbjiVbd5S8> if you are delivering AAEBIs remotely.
 - Please login to the SMRC website and update your information. SMRC has a new website, and they are asking every licensed organization to log in and update your organizational information so that the new locator for the public will be accurate!
<https://www.selfmanagementresource.com/>