

## **Arthritis Council Workgroup: Healthcare Provider Counseling About PA and Referral to AAEBIs Workgroup Call**

Thursday, March 2, 2023  
2:00 p.m. ET

**States in attendance:** IA, KS, NC, NY, MN, RI, UT, VA, WA

**Additional attendees:** Arthritis Foundation, CDC, CDC/ASDR, NACDD, OAAA Workshop Wizard

**Facilitator/Moderator:** Dr. Adam Burch, New Hampshire

### **Workgroup Overview:**

This Arthritis Council workgroup is open to states and national partners who want to discuss the screening/counseling/referral of individuals with arthritis and the efforts to increase healthcare providers counseling on physical activity as a way to reduce arthritis pain, and referrals by those providers to evidence-based interventions. Participants are encouraged to share successes, challenges, barriers and invited to discuss opportunities to facilitate success towards strategy 2.

### **Opportunities for Collaboration and State Sharing**

Prior to the call, participants were asked to use the marketing strategies (attached) from our last call, to come with two resources that could be given to providers to help with counseling patients.

- Adam suggested looking at the provider tools on the Exercise Is Medicine website as you think through this exercise
- Cheryl, CDC/ASDR shared that this link from the Move Your Way campaign may also be helpful - <https://health.gov/our-work/nutrition-physical-activity/move-your-way-community-resources/campaign-materials/materials-professionals>

### **State Sharing**

NH – Shared an Arthritis Foundation brochure that could be used in provider outreach and the EnhanceFitness webpage. Since the EF webpage is not something that can be easily printed another option would be the APTA link that Caitlin shared

- <https://www.apta.org/contentassets/8af7aa55337d4a94aad3aa1f64006f5f/arthritis-enhance-fitness.pdf>

NY – Shared a resource from the OA Care Tools which is a good quick read to assess where a provider should start with a patient with arthritis

- [https://oaaction.unc.edu/wp-content/uploads/sites/623/2022/01/OAAA\\_1-Clinical-Management-INFOGRAPHIC\\_d03.pdf](https://oaaction.unc.edu/wp-content/uploads/sites/623/2022/01/OAAA_1-Clinical-Management-INFOGRAPHIC_d03.pdf).

The Exercise Is Medicine Health Care Providers' Action Guide is also a great tool

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- [https://www.exerciseismedicine.org/assets/page\\_documents/EIM%20Health%20Care%20Providers%20Action%20Guide%20clickable%20links.pdf](https://www.exerciseismedicine.org/assets/page_documents/EIM%20Health%20Care%20Providers%20Action%20Guide%20clickable%20links.pdf)

IA – Shared information on the CDC Foundation and the work they do (<https://www.cdcfoundation.org/programs/falls>) for both falls prevention.

Still Going Strong <https://www.cdc.gov/stillgoingstrong/> is a campaign site with some great tools that are helpful when working with patients and providers.

- Brought up the topic of “referral” and what that means; the notion of getting a patient to do something (e.g., enrolling into a program).
- Comment that referring doesn't have to mean an electronic referral to another specialist and we have to make sure that we understand our audience in terms of how we are using that word.
- Comment that spoke to the term "self-referrals", is the right term for making the option to register for programs available in patient portals?
- This brings us back to screen/diagnose/prescribe; providers need to know and trust who they refer patients to.

NC – Shared that the falls prevention program created a prescription pad that can be shared with providers; includes AAEBI (Tai Chi) as a prescription. [NC website](#) has a clinician pathway that is helpful but long so they have taken the info and condensed into one sheet with clickable links for info on referrals, along with a [referral portal mechanism](#).

MN – Shared that through a Trellis/Juniper partnership a [no falls campaign](#) was created; campaign is very simple and hits at what matters to patients/providers. The campaign includes posters, flyers, etc.

Also shared promotional tools that are part of a [walking campaign](#) which provides information for providers on how to do physical activity counseling; information is only available in English at this time.

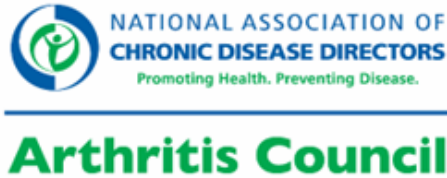
Shared that one of the biggest challenges is the distribution piece; often don't have much funding to send out materials but do try to share links with partners; this doesn't always reach the provider/referrer.

UT – Shared that the OA Care Tools presentation on [Engaging Pts in OA Management Strategies](#) which includes presentation notes and is a canned presentation, and would be easy to deliver; additionally, some of the slides could be used as a one pager to leave with providers.

Shared [EIM Sit More Move Less flyer](#) is a tool that providers can use with patients, checking off which items they are prescribing.

Utah's marketing tools - <https://healthyaging.utah.gov/marketing/> which includes prescription pads that list the programs offer along with registration website/phone number.

In some of the "research"/discussions in Utah they have talked about removing the term "free" from these outreach marketing tools - because they are not technically free; there is a cost to run the programs. Asked for thoughts on this.



Iowa took a similar path; to have a more 'generic' WWE flyer that doesn't specify FREE.

RI – Shared that their Community Health Network referral one pagers are wordy but providers have requested these; they show the evidence behind EBIs. There is also a [Right Moves Toolkit](#) that provides information on how providers can share information with their patients or have conversation with patients. Move Your Way Campaign does something similar but doesn't have the Motivational Interviewing component; might be good to have tools on MI that can be shared with providers. Greg shared that there is a quick MI training tool that they have developed; it is free for service but much less expensive than other models. [ISU U-TURN](#).

KS – Shared that they are using the NRPA toolkit - <https://www.nrpa.org/contentassets/ce61ea9b63934de6bed170b04fbdbccd/electronic-health-record-referral-process-guide.pdf> for referral, along with the resources from EIM.

WA – Shared that they have developed resources for providers <https://doh.wa.gov/community-and-environment/healthy-eating-active-living> and are holding monthly sessions for providers that talk about WWE. Additionally, they are working with CHWs to help community members sign up for WWE.

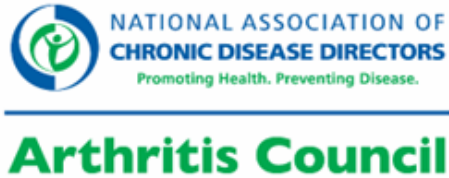
OR – Shared that they have developed marketing banners that direct people to the WWE portal where they can sign up for a class. Shared Stay Active Through the Holidays and WWE Social Media Planner that contains monthly banners to providers and public (different for each group). They will be working more closely with physicians to find out what is most helpful for them. OR is also exploring a variety of ways to get messages out to providers. Shared the physician newsletter from the OR Medical Association, goes to clinical staff (20K on the distribution list); there is an opportunity to share information like the WWE banner in this newsletter and then follow with information on the benefits of walking.

### **Key Themes from Discussion**

Commonalities – we are all interested in sharing resources and being able to access these resources, and learn from each other.

### **Homework**

In lieu of an April call, participants are asked to sign on to the [NACDD Engage Platform](#) and share provider/patient resources. Take a look at the resources that are shared by others and provide peer feedback, ask questions and comment as appropriate. Please share materials that are in different languages if you have these.



NACDD arthritis team will start a thread on Engage and include an ask on what types of tools you want to help with your healthcare provider engagement to get the conversation started.

There was an ask to CDC to let us know what languages are of most interest to states if that information is available.

\*If you are not a member of the [NACDD Engage Community](#) please reach out to [Heather](#) or [Lisa](#).

**Next Call**

- May 4, 2023 @ 2:00 p.m. ET

### **Combined List of Marketing Strategies:**

- Prioritize reaching healthcare providers with meaningful, actionable information
- Statewide reach rather than limiting to specific counties or zip codes
- Promotion of state program and that it exists
- Diverse representation (race and ethnicities, disability status, LGBTQIA, language, age, etc.)
  - Inclusive stock photography and videos of people i.e. (diverse races/ethnicities, diverse ages, diverse weights) enjoying being physically active in a variety of EIM recognized activities like walking, cycling, water aerobics that are related to AAEBIs.
- Cross promotion between state agencies, state representatives of national orgs (i.e., Arthritis Foundation, OAAA), municipalities
- Variety of media, social media posts and various platforms (radio, TV, online, print, etc.)
  - Banner ads, in-feed posts, short videos, GIFs
    - Appear higher up in search results
  - Earned media through events – i.e., local news coverage on air or in print
  - Different modes and materials tailored to reach different target populations (e.g., health care providers, disproportionately affected populations, older adults) in different settings (e.g., rural areas, doctor’s offices)
  - Audience tested messaging to motivate people to be physically active
  - Print grade and web grade PNG logos on transparent backgrounds
  - Requirements for including logos in promotional materials
- Continuous reach: not just a 1-3 month campaign; an ongoing marketing arrangement beyond sharing flyers or social media posts
- Ability to manipulate the data gathered – slice and dice data based on different demographics
- Track where someone learned about the program
- Incentives for sign-up and completion of programs
- One website to include all delivery sites for all programs regardless of funding source or grantee

### From AAEBI Program Developers in specific:

- Print grade and web grade stock photography of participants actively engaged in the intervention being promoted
- Stock video clips of participants actively engaged in the intervention being promoted
- Preferred color schemes along with any documentation related to accessibility standard assessments
- Audience tested messaging to promote enrollment into the program
- Audience tested messaging for healthcare providers to make referrals into the program



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- Preferred hyperlinks to program developer websites for people interested in learning more