

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

Thursday, January 4, 2024  
2:00 p.m. ET

**States in attendance:** NH, IA, WV, NC, MT, VA, VT, MN, MI, OK

**Additional attendees:** CDC, NACDD

**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 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**

Conversation and collaboration around strategy 2 efforts is encouraged through the Action on Arthritis Engage platform. Start [here](#) and see what your colleagues are saying. Questions and responses are encouraged. Reach out to [arthritis@chronicdisease.org](mailto:arthritis@chronicdisease.org) for questions about the Engage platform.

### **State Sharing**

Participants were asked to share a non-arthritis top priority of a current or future partner. Additionally, participants were asked to brainstorm how an arthritis solution could meet the needs of the identified partner priority.

**New Hampshire:** NH shared that their chronic disease branch houses many other chronic disease programs. The arthritis team is conducting interviews with the diabetes team to understand what their priorities are. Diabetes self-management and prevention are huge priorities for the diabetes team and their partners. Additionally, they are focused on physical activity as a lifestyle management strategy. The team is looking to link arthritis AAEBIs as options for referral and to educate clinicians and care team members about physical activity and self-management interventions.

**Iowa:** IA shared that they are harmonizing with statewide National DPP efforts (e.g., coupling National DPP with WWE). Another strategy they are working on is to facilitate SDoH screenings. The arthritis team is helping to offset SDoH screening with the PREPARE tool and then using Iowa Community HUB to do more in depth referral to physical activity interventions and other evidence-based programs.



**West Virginia:** WV shared that the arthritis team is looking to do provider survey with Academy of Family Physicians to understand how physical activity is being prescribed across the state. Currently physical activity prescription is low, and the team is looking to better understand why levels are low and how the arthritis team can help boost physical activity levels by adding referral to AAEBIs into the workflow. They are also looking into opportunities to connect the survey with a CME.

**North Carolina:** NC shared that they are linking falls prevention with arthritis by partnering with key players from the falls prevention coalition. Through this work the team is looking to partner with ECU Health System because they have an interest in adding PAVS and referral to AAEBIs into their workflow. This work is under the name of “falls prevention” but will accomplish goals of the arthritis cooperative agreement.

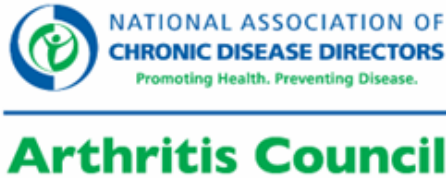
**Montana:** MT shared that they are working with WISEWOMAN, Parks and Recreation, and the diabetes team to add arthritis AAEBIs into referral efforts. AAEBIs will help these other programs accomplish physical activity goals and ultimately help patients with multiple chronic conditions improve quality of life.

**Virginia:** VA shared that they are working with colleagues in other chronic disease programs, using UniteUs and the PREPARE tool to screen for SDoH. They have a connection with [Virginia Hospital and Healthcare Association](#) to work with CHWs, boost healthcare provider awareness about physical activity, and assist with referrals to AAEBIs and other evidence-based interventions.

**Vermont:** VT shared that they are offering self-management programs statewide via Cardiovascular Health and Diabetes efforts. The arthritis team is hoping to add AAEBIs into this self-management program database. Vermont is also looking to apply for a falls prevention application and is in the process of identifying overlapping evidence-based interventions that address both falls prevention and arthritis!

**Minnesota:** MN shared many arthritis program staff also work on other chronic conditions (e.g., BOLD, Diabetes). The team is looking to identify overlapping goals since staff are working on multiple programs. One main goal is looking at the training needs of CHW across chronic diseases and to identify SDoH needs. This will help arthritis team link falls prevention, arthritis, and other efforts and identify opportunities for collaboration.

**Michigan:** MI shared that they are looking to develop a physical therapy protocol for patients by partnering with the Michigan Physical Therapy association. The arthritis team hopes to discuss referrals and next steps for PT patients like the WWE Portal or diabetes prevention/self-management programs.



**Oklahoma:** OK shared that they are partnering with the state employee wellness and well-being program ([THRIVE](#)) for state employees. This program focuses on mental health, emotional health, and physical health of state employees. Walk With Ease and Tai Chi could be terrific solutions for state employees and the arthritis team is in discussions around referring state employees to these programs as part of worksite wellness efforts.

### **Common Themes:**

- Leveraging internal partnerships and state resources is a great place to begin!
- Build state profile on potential strategy 1 & 2 partners.
  - Name of organization
  - Key decision maker(s) within organization
  - Who you know within organization or who can connect you.
  - Understand what is most important to key players.
  - Identify how you/arthritis can meet needs of key players and partners.

### **Homework:**

Let's play a game of competition to understand who can build the biggest wish list of potential partners for strategy 1 and 2. Please come prepared to share the number of potential partners!

Note: In order for your partner to count on your list as one prospect you must know the following elements 1. name of organization, 2. name of point of contact, 3. one priority/goal you can relate your services to, and 4. one key decision maker within that organization.

### **Next Call**

- February 1, 2024 @ 2:00 p.m. ET
- Please [register](#) in advance of the meeting