Arthritis Council Workgroup: Healthcare Provider Counseling About PA and Referral to AAEBIs Workgroup Call
Thursday, April 4, 2024
2:00 p.m. ET

States in attendance: NH, NC, IA, VA, OK, WV, MN, UT, VT

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 for questions about the Engage platform.

State Sharing

Participants were asked to develop an elevator pitch/outreach message for a close group A type of entity (name to name basis with) and tweak the message for a group D prospect (group of interest yet no connection with this entity). The type of outreach message is different for these two groups.

States are asked to share answers to these two questions.

1. What differences did you notice in this process?
2. Do you feel comfortable doing outreach to strategy 2 prospects?

New Hampshire:

- New Hampshire shared that outreach to familiar entities is easier, as their interests are known, allowing for tailored messages. Conversely, making personal connections with unknown prospects beyond what is available via public domain or website is more challenging.

West Virginia:

- W. Virginia shared that messages are typically shorter and to the point when communicating with contacts that they have personal connections with.

However, messages tend to be longer and contain more information for organizations in group D, where there isn't a personal connection. West Virginia finds that it's challenging to succinctly tailor messages for group D but acknowledges the importance of not overwhelming potential partners with too much information.

Iowa:

- Iowa emphasized the importance of patience and trust-building when engaging with new contacts. They observed messages are more familiar when communicating with contacts in group A and a bit more formal when reaching out to prospects in group D. Additionally, Iowa expressed confidence in their interactions regarding strategy 2, as they feel comfortable making outreach due to having a tangible and helpful solution to "sell" potential partners.

North Carolina:

- North Carolina highlighted their approach when delivering elevator pitches to unfamiliar individuals, noting the emphasis on highlighting relevant existing partners and aligning their missions with AAEBI's. Elevator pitches to familiar contacts are kept shorter. North Carolina expressed confidence in their outreach efforts and leveraging existing partnerships to establish new ones. They are also working on developing materials that make it easier for partners to understand the CDC work.

Minnesota:

- Minnesota shared that when conducting cold calls or outreach to group D prospects, they keep their messages brief. They emphasize organizational priorities, avoiding using terms like arthritis, and often omit mentioning AAEBIs. Instead, they focus on physical activity programs and other terms familiar to these organizations. The goal is to initiate a conversation and open the door to potential future relationships. The team also looks at healthcare community health assessments and tries to use a collaborative approach to achieve the reach common goal of connection.

Vermont:

- Vermont is trying to leverage relationships to form networks and connections and use this group for additional contacts. Vermont also talks about physical activity (not AAEBIs) and chronic disease prevention vs. arthritis.

Virginia:

- Virginia emphasized the importance of reaching out directly to prospects and initiating conversations about potential partnerships without hesitation. They

highlight solutions, programs, and partnership opportunities that don't incur costs for prospects, focusing on areas such as physical activity, self-management, and quality of life. Virginia also noted the value of leveraging the diverse personalities and approaches of team members, which complement each other nicely during outreach to both group A and group D prospects.

Oklahoma:

- Oklahoma plans to leverage existing internal and external partnerships to reach healthcare providers. They plan to make a direct request when reaching out to group A prospects, while offering a more general overview of services for group D prospects, as they aim to cultivate trust over time.

Utah:

- Utah tends to be a bit more informal when reaching out to people that they know and much more robust when reaching out to group D prospects.

Common Themes:

1. There are many consistencies and similarities across states!
    a. Lesson learned: Initiating conversations without leading with arthritis generates more engagement. By focusing on shared interests such as co-morbidities, physical activity, and other quality of life themes, we can find common ground related to arthritis.
2. Try to move prospects from pre-contemplation to contemplation.
    a. Solution: We don't necessarily need a type D prospect to schedule a meeting. It's acceptable to inform them that an intervention exists and that it is available as an option in their state.
    b. Targeted social media posts can assist in tailoring messages to reach the appropriate type of prospect. Consider using various social media platforms to conduct many "cold calls" instead of individually targeting these prospects.
3. Continue to build comfort level with marketing/outreach: Sending a message through email or social media marketing is often easier than making a direct phone call.

Next steps:

Step 1: Ask prospect how they currently screen for physical activity. Step 2: Find out which tool they are using (e.g., EPIC) and how they use it. 3. Discuss ways to work together and what it would take to match evidence-based questions. Goal is to get universal screening in place and move into counseling

and referral process. Note that Exercise is Medicine PAVS is great tool that's easy to use!

Homework: Within existing strategy 2 partner, what part of the screening, counseling, and referral process are you in and what do you need to do to move the needle?

Next call – June 6, 2024 @ 2:00 p.m. ET