

Working with State Units on Aging to Advance Arthritis Public Health Approaches

November 30, 2021, ad hoc call on working with units on aging

Resource:

October 5, 2021 TA [webinar recording and summary document](#)

Jennifer Raymond, lead for the Massachusetts arthritis program housed within the Elder Services of Merrimack Valley, led the call and opened with introductions. Participants shared briefly, opportunities they've had to partner with AAAs or units on aging.

- 16 participants attended the call representing 8 states and three national partners

Jennifer provided an overview of what it's been like to be a AAA during the pandemic.

Question to group - What kind of barriers are you seeing when working with AAAs?

Response: With a number of AAAs across the state and all being different, it takes a lot of time and effort to work collectively and offer support for EBIs.

Opportunities

- Partner with AAA as a "vendor" to provide EBIs. If arthritis isn't on the top of their list find a way to make the partnership mutually beneficial. Example, if AAA has IIID money and they have an opportunity to refer clients to EBIs and receive data back for IIID project reporting, they might be more willing to partner
- Health equity is an important topic to AAAs so think about how you can help AAA to address this through the arthritis work you are doing
 - <https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/Health-Equity-Technical-Assistance>
- Similarly, programs or work that addresses loneliness or social connectedness is valuable to AAAs
- Think about how you can use the EBIs to connect individuals to AAA services (e.g., WWE classes can be a way to market AAA meal provisions)
- ARPA funding is being used to expand services/programming through AAAs so AAEBIs might help fulfill this (e.g., AAAs in MA are interested in WWE)

Response: Relationship building with AAAs can take a long time but spending time getting to know individuals is important.

Opportunities

- Before reaching out to AAAs take a look at their area plan (this is part of the federal funding requirement). An area plan is developed from a needs assessment (surveys, focus groups, etc.) and includes AAA focus areas to meet the needs of the community over the next several years. It is likely that a focus area will relate to the AAEBI work of state arthritis programs. By doing a little research you can find mutually beneficial areas of focus that will help both the arthritis program and the expansion of the aging network. Also remember to try to frame AAEBI efforts as a strategy to address the unique needs of older adults and an aging population.

Response: Engaging with the AAAs

- ACL funding can be a bridge; funding provides opportunities for program expansion and includes some of the AAEBIs like EnhanceFitness, Fit & Strong!, Tai Chi for Arthritis, and Tai Ji Quan: Moving for Better Balance
- Community Integrated Health Networks are of interest to AAAs; anything you can offer to integrate work with PT, OT, pharmacy, and primary care will be attractive to AAAs
 - https://acl.gov/sites/default/files/common/BA_roundtable_workgroup_paper_2020-03-01-v3.pdf
- AAAs eligibility range is mostly 60+ but many are expanding to ‘aging across the lifespan’ model and acknowledge that it is good to start building relationships earlier; this might mean that AAAs find other sources of revenue or other partners to help; this is an opportunity to work with other programs like arthritis.
- During the marketing process use language that is broader than arthritis to peak interest (e.g., physical activity, walking, self-management, BRFSS data)

Question: Could you share more about how ARPA funding goals might overlap with CDC arthritis grant strategies?

- Think about what you can offer that will be sustainable after funding is no longer available; sustainability is key to ARPA funding
- Think about co-morbidities; example – WWE can help increase physical activity which is important for many chronic diseases. Arthritis may be the barrier for getting moving; WWE is low-cost program that can help individuals get moving.
- Press release for ARPA funds: <https://www.whitehouse.gov/briefing-room/statements-releases/2021/05/03/fact-sheet-biden-harris-administration-delivers-funds-to-support-the-health-of-older-americans/>

Additional ideas on ways to engage with AAAs or units on aging.

- Using data, such as BRFSS, to help make the case for arthritis (diabetes, etc.)
- Co-sponsor events (e.g., arthritis awareness month and older adults’ month)
- When thinking about partnering to offer AAEBIs or EBIs, ask the AAA how they would like to receive/make referrals to these interventions, and how best to share data (e.g., WellSky is an integrated system with AAAs across the US)
 - Example – have case managers put together a spreadsheet of individuals that might benefit from a _____ program (e.g., CDSMP), and then reach out to those individuals with an offering

If you want to reach out to AAAs in your state but don’t have any direct connections, Jennifer suggested reaching out to her directly. Jennifer is very invested in Community Health Integrated Programs and knows many folks across the US and might be able to help you make those connections in your state.