



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

Growing the AAEBI Menu: Spotlight on Newly Approved Programs

December 7, 2021



Agenda

- Welcome
- Osteoarthritis Action Alliance: Growing the AAEBI Menu
- AAEBI Developer Presentations



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- State Sharing and Q&A
 - Wrap Up

Webinar Objectives

- Build an understanding of the process used to expand the number of recognized arthritis-appropriate evidence-based interventions (AAEBIs)



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- Generate awareness of some of the newly approved AAEBIs to help people with arthritis reduce pain and disability associated with the condition
 - Increase capacity of states to implement newly approved AAEBIs into arthritis public health efforts
 - Provide a platform to explore opportunities for collaboration and sustainability

Housekeeping



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- Rename yourself to include state or organization
 - Use the chat box for questions during the presentation or present questions via speaking during Q&A
 - Visit the Action on Arthritis website for recording, notes, and resources

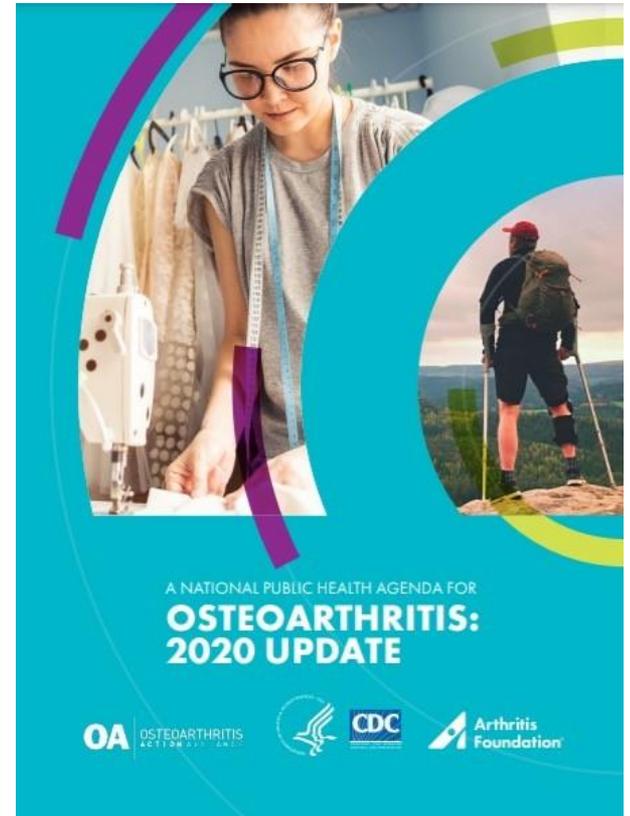


Expanding the Arthritis Appropriate Evidence-Based Intervention (AAEBI) Menu

Ellen Schneider, MBA

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Who we are



- The **OA Action Alliance** is a national coalition of over 140 member organizations.
- Mobilized in 2011 to promote interventions and policies to address osteoarthritis.
- Advancing the recommendations outlined in the **National Public Health Agenda for Osteoarthritis (2020)**, or the **OA Agenda**.
- Primarily funded by the Centers for Disease Control and Prevention's (CDC) Arthritis Program.

Background

- CDC previously conducted the AAEBI (or “Lifestyle Management

Programs for Arthritis”) review process

- Five recognized physical activity programs
- Two recognized self-management programs
- Several programs on the “promising” or “watch” list
- CDC Arthritis Program funded the Osteoarthritis Action Alliance to update and conduct a new AAEBI review process in 2020
- OAAA 2021 review process based on the CDC’s previous process

AAEBI Review Process Purpose

- Identify new community-based programs that meet criteria established for Arthritis Appropriate Evidence-Based Interventions (AAEBIs)
- Expand the menu of AAEBIs
- Reach different populations
- Address different risk factors

AAEBI Criteria

- The program research must be published in a **peer-reviewed journal article**.

- The program's **pilot study or studies must include ~75 or more subjects in the treatment group.**
- **Pre and Post test (at least 3 months post) measurement** or more rigorous design.
- The program research must **measure at least two arthritis relevant outcomes** (e.g., health status, pain, stiffness, balance, function [physical, psychological, or work], weight management, injury prevention, and disability).
- The program research must have **statistically significant changes in at least two arthritis relevant outcomes.**

AAEBI Criteria, cont.

- The program **research must have included people with arthritis.**
- There should be **consistency of evidence** (consistent trend of study results), particularly if more than one article was submitted.
- Studies documenting evidence must be judged to have **reasonable rigor.**
- Infrastructure must be in place to support the program for dissemination (training, manuals, technical assistance, etc.).

Updated List of AAEBIs

Physical Activity Programs

- Arthritis Foundation Aquatic Program
- Active Living Everyday
- Enhance@Fitness
- Fit & Strong!
- Walk with Ease – Group

Newly Recognized Programs

- AEA Arthritis Foundation Exercise Program
- Camine Con Gusto
- Fit & Strong! Plus
- Tai Chi for Arthritis
- Tai Ji Quan: Moving for Better Balance
- Walk With Ease – Self-Directed

Self-Management Education Programs

- Chronic Disease Self-Management Program
- Tomando Control de su Salud

Newly Recognized Programs

- Better Choices, Better Health@
- Chronic Pain Self-Management Program
- Enhance@Wellness
- Program to Encourage Active, Rewarding Lives (PEARLS)
- Workplace Chronic Disease Self-Management Program

More information available at <https://oaaction.unc.edu/aeabi/>

Future AAEBI Review Process

- Criteria will be reviewed and updated as needed
- Program administrators can apply for their program to be reviewed
- More information will be available on the Osteoarthritis Action Alliance and will be disseminated through various partners/networks



Newly Approved AAEBIs



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It's About What Matters

Presenter: Paige Denison, Director – Project Enhance, Sound Generations, Seattle, WA



ENHANCE[®]
WELLNESS

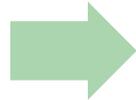
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- One-on-one, participant driven health coaching program, based in motivational interviewing
 - Multi-mode delivery (in person, landline, video conference) in wide variety of settings (CBOs, Healthcare, AAAs and more)
 - Trained Coach is a Social Worker, Nurse, CHW or other qualified staff
 - Goals are individualized and participant generated
 - Includes action planning to build on strengths and meet personal goals
 - Includes computerized outcomes monitoring



- Works well as hub to refer to other community resources/programs

- Questionnaire contains validated measures that score risk in 14 health areas

Coach enters
Participant works with
questionnaire into Coach
to develop Health WellWare
(HAW) Plan



- WellWare generates Current Issue(s), each
- Coach guides participant in Summary, scoring choosing a Measure

- Participant and Coach discuss Current Issue Summary results, identifying areas of strength and risk.

a HAP consisting of structured Tasks





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ENHANCE[®] WELLNESS : Enrollment & Flow

Participant works on tasks from HAP

- HAP tasks may include: Support groups, exercise classes, one-on-one coaching, healthcare, socialization, enrolling in other programs.
- Participant may check in with Coach rarely or regularly, depending on individual's needs.



After 6 months, participant completes a second Questionnaire

- Questionnaire is a repeat of baseline questionnaire, capturing same measures



Progress is evaluated.

- WellWare generates new Current Issue Summary, comparing scores at follow-up to scores at baseline.
- Participant and Coach discuss Current Issue Summary results, identifying reasons for improvement or lack of improvement.
- Participant chooses whether to graduate or re-enroll



“Working with my EW Coach I was able to identify what makes me feel better. I suffer with chronic pain, panic attacks, anxiety and depression. The panic attacks and anxiety are especially bad on the bus. I don’t drive and the bus is my means of transportation. My EW Coach helped me identify what I can do to head off bus anxiety. We went step by step. I stick to the plan and I can calm myself down until I get to my destination. I am working on taking better care of myself and being kind to myself. Taking better care of myself is one of the keys to dealing with the chronic pain, depression and anxiety. My takeaway is that I can do things to better help me in everyday life.” ~ EW Participant

For more information about Project Enhance and EnhanceWellness:

Paige Denison paiged@soundgenerations.org www.projectenhance.org

Fit & Strong! Plus – What is it and why?

New *weight loss* version of Fit & Strong!

- Overweight participants in customary program asked for more guidance in health education portion for healthy eating and weight loss

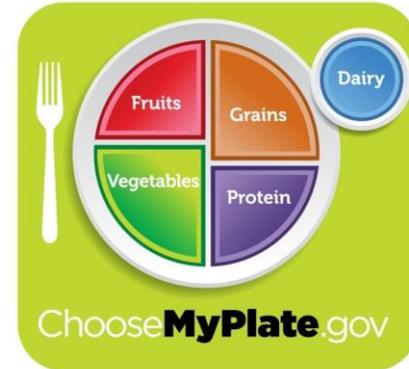
Importantly, follows the same format as regular Fit & Strong!

- 24 class sessions, 90 minutes per class
 - 60 minutes of PA, 30 minutes of health education

Education focuses on SDOH topics such as access to adequate nutritious food, strategies for healthy eating, meal prep, portion sizes; includes homework and food diaries Participants track weight weekly

Fit & Strong! Plus is *simple and straightforward* to implement

- *No nutritionist or dietician* required – classes led by certified exercise instructors
- *No meal replacement or deliveries*
- *No fancy equipment*, just a scale and simple household items to demonstrate portion sizes



Fit & Strong! Plus – The Evidence

Tested in NIA-funded comparative effectiveness trial in churches and parks on the South side of Chicago

- Enrolled 413 participants: *92% African American, 86% female; 100% overweight or obese at baseline*

Fit & Strong! Plus group experienced modest, but significant, improvements in **weight, BMI, and waist circumference** at 2 months that were ***maintained at 6 months***.

Fit & Strong! Plus had significantly better outcomes on LE ***joint pain and function*** at 2 and 6 months that were ***clinically and statistically significant***

- Clinically meaningful improvement = 20% or greater LE joint pain and function improvement in persons of color who were at high risk for functional decline at baseline
- Good news: *weight loss combined with PA* not only benefits arthritis, but also has a



positive impact on pain, anxiety and depression, sleep, cardiovascular, metabolic, and cognitive outcomes.

Why Do We Care?

Black women have 2.5 times the knee OA prevalence compared to non-Hispanic white women (Sowers, Lachance, Hochberg, & Jamadar, 2000).

Black women >60 have the highest rates of obesity compared to non-Hispanic white women (Flegal, Kruszon-Moran, Carroll, Fryar, Ogden, 2016)

Fit & Strong! Plus had high attendance and completions rates with this hard to reach, high-risk group

Program now available for adoption, approved by CDC as recommended AAEBI!



We would love to offer customary Fit & Strong! and/or Fit & Strong! Plus in conjunction with many other existing AAEBI and other EBPs

We see very natural combinations of Fit & Strong! Plus as a follow-on or precursor to Walk With Ease, Enhance Fitness, Tai Chi Chuan, A Matter of Balance, as well as a follow-on program for CDSME, PEARLS, and Enhance Wellness. Easy way to multiply the impact of your PH efforts!

We welcome follow-up discussions. Please contact us at **shughes@uic.edu** or **ademot1@uic.edu**

PEARLS

Program to Encourage Active, Rewarding Lives

Lesley Steinman, PhDc, MSW, MPH (*she/her*)
NACDD CDC Arthritis Program webinar
December 7, 2021

S: core compo

Program to Encourage Active, Rewarding Lives

Coordination - psychiatrist a

Delivered at home, in comm
Meals on Wheels, HCBS, EBPs, public health, primary
care

▪ e.g.,

- PHQ-9 (depression)

- Care coordination, psychoeducation, support, skill building via brief, person-centered interventions

(Problem-Solving
Treatment and
Behavioral Activation)

- Task shifting / task sharing through regular case consultation, team-based, continuum of care
- 6–8 one-hour sessions over 4–5 months + f/u calls

- Original RCT
- Depression, well-being, hospitalizations
- Pre/post evaluation
- Interactions, satisfaction w/ supports, isolation, loneliness
- Living with arthritis stories
- Pain mngmnt, physical & social activity, access to care



- Participant voices:
- *“I feel brand new. I no longer feel like my problems are impossible.”*
- [PEARLS of hope: depression to dating](#)

- [www.pearlsprogram.org](#)
- [FAQs, stories, research, recognition](#)
- Training

- Distance training, train-the-trainer, free toolkit
- Technical assistance
- PEARLS community of practice
- Quality assurance
- Adaptations for diverse contexts
- Ongoing research and evaluation
- [PEARLS Equity](#), social needs, health serv utilization
- Remote EBP eval: <https://forms.gle/GCKd8CqJbjjVbd5S8>

Tai Ji Quan: Moving for Better Balance®

Dawna.M.Pidgeon@Hitchcock.org

ORI TJQMBB Authorized Trainer



- Research based program
 - Dr. Fuzhong Li, developer

- Combined traditional TJQ and postural control science



- Group based exercise class
 - 1 hour classes, 2x/week x 24 week
 - 75% attendance is complete
 - Seated, standing, stepping



- High efficacy reducing falls
 - 58% in individuals 65 and

- older
 - 75% fewer injurious falls in 65+
 - 67% in people with Parkinson's Disease
 - Improve strength, balance and function in ADLs

(Li 2012, 2018, 2019)

- Successful implementation in nonEnglish speaking communities

(Fink 2013)



Instructor Training

- 2-Day Community Instructor Training
 - Lay leaders, exercise professionals, healthcare professionals
 - Level 1 and 2 Certifications optional
- Training delivered by ORI Authorized Trainer
 - Florida, Nevada, New Hampshire, Minnesota, Oregon, Washington state

- www.TJQMbb.org

- Annual Enhanced Training

Remote Delivery

- Good fidelity and compliance (Li, 2021)



“Doing Tai Chi online is almost like getting one-on-one support”

“You can’t beat the commute!”

(Excerpt, Interview with Jennifer Davis, ESMV)

○ Primary care provider
○ Specialists
i.e. neurology

- Complementary Referrals

- Healthcare Implementation (Li, 2016)
- CDC: 491% ROI (Carande-Kulis, 2015)

- Low cost, high efficacy

- Rehab
- Senior Center



- Evidence-based programs
- SMRC programs
- MOB, Stepping On, WWE
- Additional resource leverage

- Title III-D funding
- ACL Evidence-Based falls prevention program
- Silver Sneakers flex
- 89% adoption, 77% completion
- Cost effective ratio: \$917/fall prevented



“Tai Ji Quan was the first step in my getting healthy ... I was able to take control of my life and do something about my balance problem”





Workplace Chronic Disease Self-Management Program

- What Is It?
- Ways of Implementing
- How you can you do it



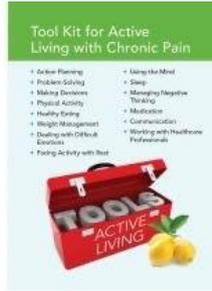


What do People want?



To get their lives Back



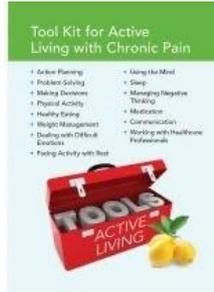


What is wCDSMP

- 6 weeks
- 2 one-hour sessions each week
- Very similar to CDSMP
- Designed for workplace but can be



used as alternative
format for CDSMP



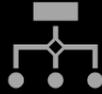
How workshops can be offered

- Small Groups in person (8-15)
- Small groups video (8-12)
- Telephone + tool kit (3-5) one hour a week (use CDSMP)

What do we need to do to offer wCDSMP



Take an orientation webinar



Ask for small group leader manual (there is not a virtual manual, but you can use the small group manual)



If you want to offer by telephone, use the regular CDSMP telephone scripts.



Offer the workshop

Help! I have a Million Questions

Ask me now

Kate@Selfmanagementresource.com

Training@selfmanagementgresource.com

Licensing@selfmanagementresource.com



<https://www.selfmanagementresource.com/>





State Sharing and Q&A



Wrap Up



Polls



Thank you!
