Advancing Arthritis Public Health Priorities through National Organizations TA/Peer Sharing Webinar Series
Tuesday, February 1, 2022 @ 2:00 p.m. ET
Leveraging Title III-D Funds for Arthritis-Appropriate Evidence-Based Delivery and Dissemination

Webinar Notes and Resources

- Materials available on the Action on Arthritis website: https://actiononarthritis.chronicdisease.org/monthly-webinars/
- Meeting Recording: https://chronicdisease.zoom.us/rec/share/77CZrMbkTgd-hETXAq0z88798uj5HPo0_hYm5LzsSbMabdXvhzMRjyvo-HkHP_zm.NOsw6ZCs8tE_Pj_g?startTime=1643741964000

Panelists and Supporting Resources:

- **Shannon Skowronski** shannon.skowronski@acl.hhs.gov
  - Administration on Aging/Administration for Community Living
  - Shannon works within the Office of Nutrition and Health Promotion Programs in ACL's Administration on Aging. Her office oversees the Older Americans Act (OAA) Nutrition and Evidence-Based Health Promotion and Disease Prevention Programs, along with anything and everything healthy aging. One of her roles at ACL is to serve as the point person at ACL's Washington DC office for the OAA Title III-D, which means she works - in collaboration with ACL's Regional Offices - to provide technical assistance and resources for these grantees (State Units on Aging).
- **Damon Terzaghi**
  - Advancing States dterzaghi@advancingstates.org
  - Advancing States is the nonpartisan association for state aging and disability government agencies. For the past 8 years, Damon has led public policy efforts and works on long-term services and supports. Advancing States works on all types of OAA issues, including Title III-D policy and programming.
  - Here is a link to information from ADvancing States about aging policy and programs: http://www.advancingstates.org/aging
  - Here is a link to online resources by state that provides information about local service options: http://www.advancingstates.org/initiatives/information-and-referralassistance/state-contacts
- **James Stowe**
  - Mid-America Regional Council
  - James leads an Area Agency on Aging in the Kansas City metro region. Mid-America Regional Council is a department within a Regional Council of Governments. They collaborate with regional and statewide

networks of evidence-based program providers and serve as a Network Lead Entity, under Administration for Community Living definitions.

- **Deborah Stone-Walls**
  - USAging
  - Deborah moved to the DC area about 5 months ago to join the staff of USAging after living on Maui for 25 years. While in Maui, she served as the Executive on Aging for the Maui County Office on Aging. During her time at MCOA, implementing evidence-based programming was a highlight of her efforts.
  - USAging represents and supports the national network of Area Agencies on Aging and advocates for the Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities. https://eldercare.acl.gov/Public/Index.aspx

Participants:

- 32 total participants
  - 12 states (MN, UT, NH, NC, MT, WA, NY, MA, WV, OR, RI, DE)
  - 5 national partners (including CDC and NACDD)

Q&A and State and Partner Sharing

- Q: So, what is Title III-D Funding?
  - A: Title III-D of the Older Americans Act provides funding to 56 State Units on Aging to provide programs that support healthy lifestyles and promote healthy behaviors for older adults (60+).
  - A: All programs supported under OAA Title III-D must be evidence-based – meeting ACL's definition of evidence-based (located on the OAA Title III-D webpage at https://acl.gov/programs/health-wellness/disease-prevention). But essentially, the programs have to be proven to be effective with older adults, in controlled, published research, translated into community settings, and have training and materials available to the public.
  - A: State Units on Aging have the flexibility to determine which programs are supported using their III-D funds, working with their local Area Agencies on Aging – who work with their local delivery partners.
  - A: ACL provides the funding to the State Units on Aging on an annual basis.
  - A: The amount of funding provided varies by state/territory. Congress makes an appropriation, and a formula is used to determine how much states/territories get, which is primarily based on the number of older adults (age 60+) in that state/territory.
  - A: The total funding for OAA III-D nationally has been approx. $20-24 million per year. The state/territory awards range from $16,000 to $2.7M per year.

- A: Priority for OAA Title III-D is given to serving older adults living in medically underserved areas of the state and those who are of greatest economic need. States determine their community needs and strategies for reaching these populations.
- A: More recently, we know that many of the OAA Title III-D grantees now have the capacity to support and deliver remote evidence-based programs (virtual, teleconference, mailed toolkit, and combinations of these approaches) OR are considering building this capacity, using the American Rescue Plan Act (ARPA) funds.
- Comment from Jennifer Raymond: Many of the AAAs are also receiving increased (small) III-D dollars under ARPA to do new/different work. Collaboration with Arthritis partners seems to fit into that category!

- Q**:** What's the best way for states to connect with Title III-D funding coordinators?
  - If you are at a State Public Health Department or another State Agency, I would suggest reaching out to your local State Unit on Aging III-D staff to see if there are opportunities to partner!
  - If you don't know who that would be, please email Shannon Skowronski (see email address above) and she can connect you. ACL does not post a list of those coordinators online because, with 56 states and territories, contacts can often change.
  - If you are at the local level – public health or community partner – please reach out to your local Area Agency on Aging to explore partnership opportunities.

- Q: Can you share more about the supplemental funding offered through the American Rescue Plan Act of 2021 and opportunities for State Units on Aging and Area Agencies on Aging to use funds to support AAEBI delivery and dissemination?
  - A: Last year, through the American Rescue Plan Act, OAA Title III-D received an additional $44M. That funding was distributed to the State Units on Aging in late Spring/early Summer 2021. The same OAA III-D formula was used to determine how much each state/territory received.
  - Some states have already gotten the funding awarded to their Area Agencies on Aging for OAA Title III-D. Some states are still in the process of doing that.
  - State Units on Aging have the same flexibility that they always have had for OAA Title III-D – to work with their Area Agencies on Aging to determine their policies and procedures for OAA Title III-D.
  - Many are still in the early stages of determining how these funds will be used, so now is a great time to connect with your State Units on Aging and Area Agencies on Aging – to express your interest in increasing the delivery of evidence-based arthritis programs for older adults and discuss ways you can do this together.
  - Here is a link to more information about the American Rescue Plan Act of 2021. https://acl.gov/sites/default/files/2021-05/ARP%20Programs%20FAQ_5_3_2021.pdf

- Q: How might Title III-D recipients work with healthcare providers to ensure patients are referred to evidence-based interventions or are counseled on the need for lifestyle management programs?
    - A: ACL recognizes that, with the number of resources available through OAA Title III-D, it isn't possible to reach all older adults who would benefit from evidence-based health promotion and disease prevention programs. But we see OAA Title III-D as seed funds, that can be leveraged as a part of broader efforts.
    - Many OAA Title III-D grantees and their partners are banding together to develop network hubs to help scale and sustain these programs, along with other health and social services. These networks work with a variety of partners, including many different types of healthcare providers. Partners and approaches are necessarily diverse because no two states and communities are the same.
    - ACL also has targeted some of their other funding (beyond OAA Title III-D) and the technical assistance to support the development of these hubs. For example, through our:
        - CDSME and Falls discretionary grants
        - Community Integrated Health Network grants

- Q: Can you share more about the state plans on aging?
    - A: Each state is required to establish a plan on aging as a condition of receiving OAA funds. Click here to find a compendium of state plans: http://www.advancingstates.org/initiatives/aging-policy-and-programs/map-state-plans-aging
    - Look at who is publishing the State's Plan on Aging and setting strategy and direction for aging services and Older Americans Act services. This person/organization might be a potential partner.
    - Comment from Jennifer: In addition to the state plan on aging, each AAA does a regular community needs assessment and an "area plan". That plan highlights local gaps/priorities and might help an arthritis partner show their value.
    - Comment from Damon: It is important to remember that all state plans must have a robust public engagement period as a component of their development, so it creates a natural avenue for engaging with your state when that process begins.
- Q: What type of other funding streams exist within the aging network to help advance arthritis public health approaches?
    - A: There are a plethora of options, and it is important to look at a wide range of potential funding sources. If we think about the dollar amounts referenced in the III-D discussion, it is important to note that it is the smallest part of the OAA, and the dollars get stretched thin. Other parts of the OAA itself can include title III-B supportive services or maybe family caregiver support (III-E) depending on the needs of the caregivers. Jennifer Raymond (AgeSpan) has been successful at working to secure Medicaid coverage for some of their EBPs - provided that the individual is Medicaid eligible. Other funding sources we have seen used for some of these supports include state-only programs that

exist in many parts of the state, social services block grants, CDC, SAMHSA, etc.

- Q: James, how are you reaching underserved populations (e.g., un/under insured, rural, adults with disabilities) with programming, especially during the pandemic?
    - A: Notably, all Area Agencies on Aging are required under federal law to prioritize service to those of the highest social and economic need. Specific effort is to be given to those who live in rural areas, individuals with limited English proficiency, and individuals with lower income resources and are a part of a community of color. We are also called to serve individuals with dementia and their caregivers. One of the most effective ways that we've found to reach these groups is effective partner relationships with frontline, neighborhood-level, community-based nonprofit organizations who have developed a presence and longstanding trust. Resourcing these groups to exercise creativity in programming and engagement has opened opportunities that would not have been possible from our position alone. We transitioned to virtual programming during the pandemic, and these frontline organizations were able to better offer the direct support needed to help people log-on, use devices, or find alternatives for participating in evidence-based programs.

- Q: James, are you integrating evidence-based interventions into healthcare provider referral systems? If so, how?
    - We have two regional contracts, one with a Medicare Advantage plan, and another with a commercial insurance plan, and we are working to execute a statewide contract with a Managed Care Organization who serves some of our Medicaid population. We also have relationships with two local hospitals who refer individuals at high risk to our programs. Right now, we try to build solutions for referral that really meets individual needs of referred individuals and the health professionals who initiate referrals. Those with less capacity or other constraints still use traditional methods, such as fax. Others use our secure, portal-based tool to make referrals directly, and we are currently launching a social health access and referral platform to scale this approach to a broader provider audience. Automated, secure registry transfers are also being used, and then we conduct outreach to the list of potential program participants.
- Q: Are there some specific examples of evidence-based interventions that are paid for by commercial insurance or Medicare?
    - A: Medicare does have billing codes for certain services, such as diabetes self-management education training, medical nutrition therapy, chronic disease management support, brief screening/intervention/referral to treatment.
- Self-Management Resource Center is still looking for people offering CDSMP Virtual, DSMP virtual, CPSMP telephone, Walk with Ease mail, Enhanced Fitness virtual programs to enter people into a national evaluation. Please contact me kate@selfmanagementresource.com

Engagement Strategies

Chat Waterfall:

Q: What do you view as your states biggest barrier(s) to successfully leveraging Title III-D funding for arthritis efforts.

- **Limited staff, time, and resources**
- **Staff turnover**
- **Engaging the community**
- **Silos**

- Reflections:
  - Working in concert with broader service arrays and varied evidence-based courses, usually networks of nonprofits, can help you focus on your strengths while expanding overall reach.
  - Trained volunteers that have personally benefitted from the EBP are often not only great ambassadors, but also can rise to leadership in implementing the programs.
  - Staff shortage is real across the entire aging network at the local/state/AAA level. Consider leveraging outside organizations to help with the programs and help maintain the knowledge-base.
  - The expanded list of CDC-approved AAEBIs opens opportunities for better alignment with Arthritis Programs. For example, Tai Chi for Arthritis is one of the most popular AAA offerings in NY, but it hasn't been a focus of CDC work.
  - Engaging with faith-based organizations also creates built-in participation and buy-in of parishioners.
  - Leverage additional funding sources: In addition to OAA Title III-D, ACL funds grants for Chronic Disease Self-Management Education and Falls Prevention. These grants support service delivery, as well as sustainability via the development of sustainable hubs. Please stay tuned to grants.gov for future funding opportunities for these programs! State Units on Aging, but also AAAs, public health, non-profits are eligible to apply.
    - Grantee lists: https://acl.gov/programs/health-wellness/chronic-disease-self-management-education-programs and https://acl.gov/programs/health-wellness/falls-prevention

Evaluation

- **Poll Question**: I gained skills related to my organization's ability to increase capacity to partner arthritis efforts with Title III-D funding.
  - 88% Strongly Agree or Agree

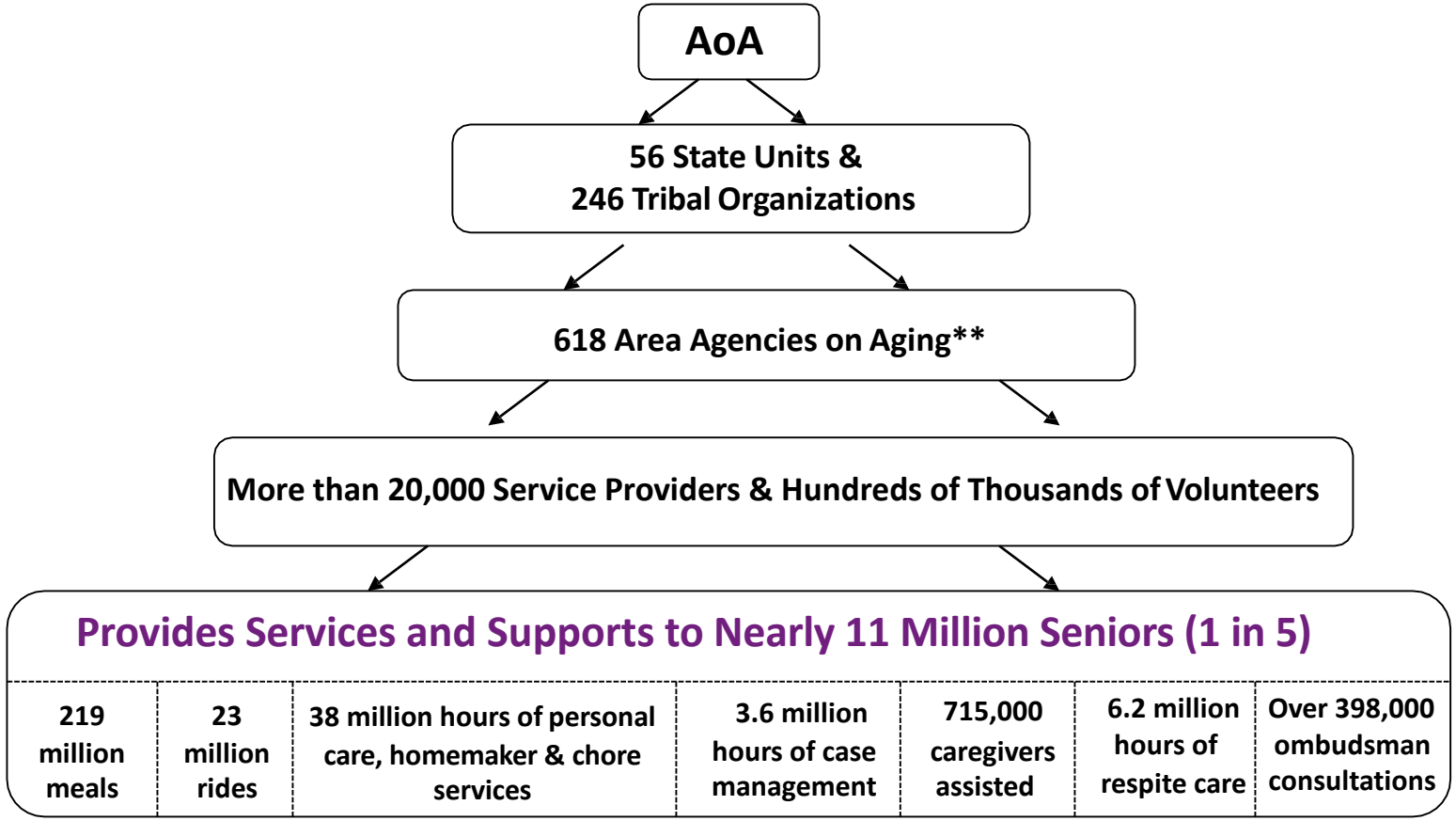
- **Poll Question**: Please provide additional information on the specific skills that you gained because of attending todays webinar. (Select all that apply)
    - 54% - Knowledge about Title III-D funding and opportunities for collaboration
    - 46% - New ideas/ways of thinking about my programs current approach to increase arthritis public health strategies
    - 23% - New partners to engage with to address arthritis
    - 46% - Strategies to sustain arthritis efforts
    - 0% - Other

Future Programming

NACDD is planning to work with a different partner each year to integrate AAEBIs into chronic disease efforts. Please help us prioritize which direction you would like us to take in our first project year.

- 65% - Partnering AAEBIs with diabetes prevention efforts
- 35% - Partnering AAEBIs with community health worker training

OAA Basic Administrative Structure



**8 states do not have AAAs. In this case, the state agency serves this function. Some of these 8 do, however, have tribal AAAs.

ADVANCING STATES