

Advancing Arthritis Public Health Priorities through National Organizations TA/Peer Sharing Webinar Series

January 09, 2024

Creating Successful CDC Arthritis Management and Well-Being Recipient Workplans

This webinar highlights key elements and recommendations for successful workplans, budgets, and partnership engagement drawn from CDC Arthritis Management and Well-Being project officers' and evaluator's experience.

Webinar Notes and Resources

- Materials available on the Action on Arthritis [website](#)

Participants

- 42 total participants
 - 11 states (IA, MI, MN, MT, NC, NH, OK, UT, VA, VT, WV)
 - 7 national organizations (CDC, NACDD, Arthritis Foundation, NRPA, OAAA, SOPHE, Sound Generations)

Grant Year 2 Continuation Application Guidance

- Recipients will receive a Grantsolutions notification regarding the continuation application guidance kit. This will be helpful to submit Grant Year 2 continuation application.
- The continuation application guidance includes information on how to submit the progress report for the past 6 months, and information for GY2 submission, including the GY2 work plan, evaluation, and performance measurement plan, GY2 budget, and other administrative required documents.
- The guidance includes three attachments needed to complete the submission.
 - Attachment A is the document checklist which tells everything that needs to be submitted.
 - Attachment B is the Annual Progress Report (APR) template. Please note that there is a word and excel format for the APR template. Recipients have the option to use either version. The excel document may make tracking of information easier.
 - Attachment C is the Data Management Plan (DMP). All recipients need to submit a DMP.
- The Office of Finance and Resources (OFR) is providing the budget preparation guidance.
- The due date to submit the continuation application is March 1. After submission, CDC project officers will review submissions and provide a Technical Review of both the progress and GY2 submission. Technical Reviews will be available around April 30, 2024, and shared back with recipients.
- CDC project officers and recipients will discuss modifications or clarifications in the May, June, and July monthly conference calls per comments/feedback in

the Technical Reviews. Final revisions for GY2 information are due around August 1, 2024, or 30 days after issue of Notice of Award (NOA).

- More information will be shared about this when the Technical Reviews are shared.

State Public Health Approaches to Addressing Arthritis Discussion

- Strategy 1
 - Component A states are tasked with building capacity and disseminating at least 2 AAEBIs.
 - Component 2 states are tasked with expanding AAEBI dissemination. Please keep in mind that some Component A recipients have had past funding and may already have the capacity to disseminate AAEBIs.
 - The main objective for this Strategy is to increase enrollment of participants to selected AAEBIs from baseline to a certain number that gets you to the required 5-year target. To accomplish this objective the NOFO provided you information on what sort of activities should be implemented to achieve the objective including the 7 sustainable approaches. This list of activities captures what you should be focusing on per the requirements of the NOFO for Strategy 1. These activities are linked with the APR Template, or the annual progress report template that was shared with you a few months ago to help you with your workplans. The APR Template can help guide you in preparing SMART objectives and activities.
 - Activities should include offering group or virtual AAEBI classes through key partners for sustainable dissemination. Activities should focus on adopting quality marketing and recruitment strategies, training leaders and trainers as needed, implementing, or leveraging a program locator to support AAEBI enrollment. The goal is to engage appropriate partners, to establish formal relationships, focus on worksite wellness programs or engaging large employers to recruit employees to participate in AAEBIs, and potentially engage community care hubs if appropriate.
 - Recipients are encouraged to influence state and local policies to promote arthritis management and well-being. Note: West Virginia has been successful in influencing their state government to promote physical activity for arthritis management in their state's Physical Activity Plan.
 - Recipients are encouraged to adopt reimbursement strategies to support arthritis work.
 - A significant requirement of the NOFO is to make AAEBIs available and accessible to populations or communities disproportionately affected by arthritis. Recipients are encouraged to explore opportunities with other CDC programs to couple AAEBIs with additional programs. Note: NACDD has expertise in providing technical assistance in coupling WWE with the National Diabetes Prevention Program.
 - Currently 32 states have a community care hub with a total of 58 hubs either in development or expansion phase. The Administration on Community Living (ACL) and CDC are partnering to continue supporting the growth and expansion of these hubs. Both are making funds available to support these hubs for at least the next 3 years. Of

the currently funded 12 states under the DP-23-0001 cooperative agreement, 8 have a HUB, including North Carolina, Michigan, Iowa, Minnesota, Virginia, Oklahoma, Oregon, and Vermont.

- HUB [webinars](#)
- [ACL/CDC Community Care Hub Partnership](#)
- [National Learning Community](#)

- Strategy 2

- Component A states are charged with raising awareness about arthritis management among healthcare providers. The main objective for this strategy is to increase awareness about physical activity counseling and availability of AAEBIs among healthcare providers/professionals from baseline to a set number. The NOFO is less prescriptive in its requirements for this strategy and relies on the expertise recipients bring to the table and what was proposed in applications during the competitive phase.
 - The APR Template provides specific data points to collect which in turn helps define activities.
 - CDC, NACDD, and the Arthritis Council are here to help guide recipients with strategy 2 for GY 1 and 2 through technical assistance webinars, Strategy 2 workgroup meetings, monthly conference calls and other information sharing. The updated 1-2-3 Provider Toolkit available this summer will also be a helpful resource.
 - CDC funded NACDD to develop a CME/ABIM MOC/and CE course to help raise awareness about physical activity counseling and availability of AAEBIs among healthcare professionals. This course was developed by NACDD, CDC, and Medscape with support from Dr. Elizabeth Joy. This learning activity is intended for primary care physicians, physical therapists, occupational therapists, community health workers, rheumatologists, orthopedic surgeons, sports medicine physicians, nurses, nurse practitioners (NPs), physician assistants (PAs) and other healthcare practitioners (HCPs) who provide care to patients with arthritis. Promotion of this course meets the requirement for Strategy 2 for GY1 or GY2 for both Component A and B recipients. NACDD is in partnership with Medscape and is available to help arrange state specific promotion efforts of the course. Please reach out to Heather Murphy, Lisa Erck, or Julia Chevan if you are interested in doing this activity. This course has been successfully disseminated nation-wide by Medscape and has received excellent participation rates and good reviews. Recipients are encouraged to make this a GY1 or GY2 activity.
- Component B states are charged to raise awareness among and engage healthcare providers to conduct physical activity assessments and counseling and refer patients to AAEBIs.
 - Component B recipients are required to include not only efforts to increase awareness but to also increase **knowledge** and **practical application** of healthcare provider physical activity screening and counseling and referral of patients with arthritis to AAEBIs and other relevant care.

- Promoting the Medscape course on Arthritis is an excellent activity to raise awareness about arthritis.
- Component B states must also reach healthcare providers that serve disproportionately affected populations. Additionally, recipients must work with partnering organizations on defining workflows for physical activity screening, counseling and referrals.
- CDC, NACDD and the Arthritis Council are available to help guide you with strategy 2 for GY 1 and 2 and beyond through technical assistance webinars, strategy 2 workgroup meetings, monthly conference calls and other information sharing. The updated 1-2-3 Provider Toolkit may serve as a guide when available this summer. CDC also hopes that the implementation guide being developed by NACDD for the Public Health Framework for Arthritis Management and Well-Being next year will help you move forward with this work.
- Component B recipients are also required to establish or expand electronic systems to support and help sustain healthcare provider physical activity screening, counseling and referral pathways for AAEBIs and other relevant care.
 - Adam Burch Strategy 2 Workgroup [Presentation](#)
 - Screening, Counseling, and Referral [Presentation](#)
 - Reimbursement Strategies [Presentation](#)
 - Medicaid [Waivers](#)
 - NCOA [Presentation](#)
 - CMS [Codes](#)
 - Chronic Care Management [Codes](#)
 - PA [Codes](#)
- Strategies 1 & 2 Cross-Cutting Activity: Collect and use state BRFSS Arthritis Module and other data to: 1) raise awareness about Strategy 1 & 2 efforts among engaged organizations, 2) ensure effective targeting of efforts to reach populations or areas of disproportionate burden, 3) guide programmatic activities and investments to improve outcomes, and 4) report on impact of project activities, including process and outcome evaluation measures.
 - Recipients are required to collect and use state BRFSS arthritis modules and other data to support strategies and objectives.
- The most popular AAEBIs being implemented include CDSMP, CPSMP, WWE, Enhance Fitness and Tai Chi programs.
- The most frequent partnerships/collaborations are with government organizations such as the state health departments, ACL's AAAs, and Cooperative Extension Universities. Additionally, recipients are partnering with YMCAs, local parks and rec centers, community care hubs and others.
- Recipients are engaging many different healthcare providers. Each recipient determines which healthcare provider or community partner makes sense for their state conditions and existing capacity to do NOFO activities. Engaging health coaches, community health workers and other allied health professionals can help address the lack of time physicians have to counsel and refer patients to AAEBIs.
- Partnering with CDC's diabetes, heart disease and WISEWOMAN programs is helping increase the number of participants and engagement of

organizations to provide AAEBIs to targeted participants. Recipients are encouraged to continue to strengthen partnerships with CDC funded programs.

- Social Health Access and Referral Platforms (SHARP) are possible tools to engage referral efforts. Recipients are encouraged to leverage state level partnerships or initiatives that have an interest in using SHARPs to support similar interests.
- Recipients are encouraged to visit the [Action on Arthritis website](#) and use the search feature to browse tools and resources linked to AAEBIs, strategies, or partners (e.g., Strategy 1, Cooperative Extension, Walk With Ease, State Units on Aging). Recipients are also encouraged to view the Action on Arthritis Monthly [Webinar](#) page for recordings, resources, and summary documents linked to best practices.

NACDD TA Offerings – Visit the Upcoming [Events](#) Tab on Action on Arthritis

- **Workgroup Calls** - The Arthritis Council oversees the formation of topic specific workgroups to provide opportunities for peer-to-peer learning and sharing.
 - Partnerships and Strategies to Sustain and Disseminate AAEBIs (Strategy 1) Workgroup – [Register](#) or visit the Arthritis Council [webpage](#) for additional information.
 - Healthcare Providers Counseling About Physical Activity and Referrals to AAEBIs (Strategy 2) Workgroup – [Register](#) or visit the Arthritis Council [webpage](#) for additional information.
- **Monthly Arthritis Program Sharing and Networking Webinars** – The Arthritis Council provides input on the monthly arthritis program sharing and networking calls. These calls provide an opportunity for recipients and partners to share experiences, lessons learned, and best practices, all while networking and leveraging partnerships. [Register](#) and visit [Action on Arthritis](#) for updated information including dates and times.

Other Information:

- The **2023 Arthritis Recipient Meeting** tools and resources are posted online and are available by [visiting Action on Arthritis](#).

Evaluation:

- **Poll Question:** I gained skills related to my organization’s ability to develop CDC arthritis management and wellbeing workplans.
 - 100% Strongly Agree or Agree
- **Poll Question:** Please provide additional information on the specific skills that you gained because of attending today’s webinar. (Select multiple options)
 - 60% - New Ideas/ways of thinking about my programs current approach to increase arthritis public health strategies.
 - 60% - Strategies to sustain arthritis efforts.
 - 40% - Knowledge about tools that can be used to advance our work.
 - 40% - New partners to engage with to address arthritis.
 - 60% - Strategies to sustain arthritis efforts.