

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

October 4, 2022 @ 2:00 p.m. ET

Partnering with CDC-Funded National Organizations to Advance and Sustain Arthritis Public Health Strategies

Webinar Notes and Resources

- Materials available on the Action on Arthritis website: <https://actiononarthritis.chronicdisease.org/monthly-webinars/>
- Meeting Recording: <https://vimeo.com/757708053>

Presenters

- **Nick Turkas**
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- **Tiff Cunin**
 - National Recreation and Park Association
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- **Serena Weisner and Kirsten Ambrose**
 - Osteoarthritis Action Alliance
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- **Mamta Gakhar**
 - Y-USA
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Participants

- 28 total participants (including presenters)
 - 10 states (IA, KS, MA, MN, MO, NC, NY, UT, WA, WV)
 - 6 national partners (AF, NACDD, NRPA, OAAA, CDC, Sound Generations)

Question and Answer:

- **Q for OAAA & NRPA:** Thinking ahead to the new arthritis NOFO, what types of partnership opportunities exist for states that are considering applying for component B focused on expanding referral pathways and physical activity assessment, counseling, and referral to AAEBIs for arthritis management by healthcare providers.
 - **A from OAAA:**
 - Serena: From the referral/WWE standpoint, I would love to explore opportunities for healthcare providers to have their own WWE portals. That way, they can refer directly to their portal and see who registers and what they accomplish in the portal. We are also seeking funding to create a "maintenance" section of the portal.
 - Kirsten: We are working right now with AAPA to refine the OACareTools toolkit, including AAEBIs information/WWE portal opportunities like Serena described above to 'repackage' the

information for PAs, specifically. We aim to turn this into a CME for PAs. Similarly, creating toolkits/algorithms for NPs or other care providers would be helpful. Collaboration with interested parties from the provider side and community or state side are welcome to ensure these types of toolkits meet the needs of providers and patients to extend care beyond clinic walls.

- A from NRPA: From a referral standpoint for any AAEBI, I think that it is important to explore opportunities to co-locate primary care services within park and recreation and other CBO settings -- even if the co-location is temporary throughout the year and not a permanent co-location since every CBO's capacity and ability looks different.
- **Q for Y-USA:** Can you please share more about the YMCA's transition from REDCap to Welld as an EMR for Ys. How could this EMR be leveraged to assist with state efforts to work with healthcare providers to counsel about PA and refer to AAEBIs?
 - A from Y-USA: Local Ys implementing EnhanceFitness and/or the other chronic disease programs supported nationally by Y-USA are provided access to REDCap for program documentation and reporting. Y-USA maintains this system on behalf of all YMCA users. Ys are not required to use REDCap however, and many have opted into partnerships with third-party system vendors due to additional or expanded functionality offered by their platforms (e.g., ODES, OCHI, Welld, HabitNu). Examples of additional functionality include participant portals, claims generation/submission/adjudication, and referral management. The latter feature especially offers opportunity for YMCAs and other organizations to work collaboratively on bi-directional communication with health care settings – especially when the referral/feedback piece can be centralized – and we've seen instances where Ys are beginning to participate in regional collaborations for referral communication (whether between and among Ys only or with other CBOs). This type of system support and willingness to partner for collective impact could certainly be leveraged for counseling around physical activity and referral to AAEBIs within states.
- **Q for Y-USA:** How can State Health Departments, and other CDC-funded grantees, partner with national organizations (including Y-USA) when they don't have a local agency present in their state? Is there an opportunity for Ys to engage in cross state collaboration through initiatives like Y Without Walls?
 - A from Y-USA: There are several examples of non-facility Ys or Ys without walls that – even in the absence of public-facing facilities – support communities through activities inclusive of but not limited to service delivery, volunteerism, community partnerships, etc. YMCA of the USA can help to facilitate connections to these Ys as well as YMCA State/Regional Alliances, which operate throughout the country to deliver services and support to Ys in their states or regions (these regions are composed of multiple states and are primed for cross-state collaboration). Among their many roles, alliances often convene Y leaders and state and local community stakeholders to drive collective impact.
- **Q for Y-USA:** How can State Health Departments, and other CDC-funded grantees, get the attention of local Ys around partnering around arthritis management?

- A from Y-USA: Where there are connections already in place, share information about your arthritis work and engage in discussion on potential partnership opportunities and how ongoing collaboration could prove valuable to all parties and help to meet community needs. Even when Ys aren't already working intentionally in the arthritis management space, they are likely providing services to community members you aim to serve – whether that be activities addressing social needs or opportunities for physical activity and relationship-building – and there could be potential to connect all of these services in support of the individual. There's room for everyone at the table! YMCA of the USA can also help to disseminate information or, as above, facilitate introductions to Ys and Alliances.

Resources:

Arthritis Foundation:

- Arthritis Foundation Helpline: <https://Arthritis.org/helpline>
- Arthritis Foundation Live Yes: <https://www.arthritis.org/liveyes>
- Arthritis Foundation Connect Groups: <https://arthritis.org> or <https://connectgroups.arthritis.org>

National Recreation and Park Association:

- Community Wellness Hubs: <https://www.nrpa.org/our-work/partnerships/initiatives/community-wellness-hubs/>
- Elevating Health Equity Through Parks and Recreation <https://www.nrpa.org/our-work/Three-Pillars/equity/elevating-health-equity-through-parks-and-recreation-a-framework-for-action/>

Osteoarthritis Action Alliance:

- Osteoarthritis Action Alliance: <https://oaaction.unc.edu/>
- Online WWE Portal: <https://walkwitharthritis.org>
- Online Resource Library: <https://oaaction.unc.edu/resource-library/>
- Expanded list of AAEBIs: <https://oaaction.unc.edu/aaebi/>
- Community Partners Library: <https://oaaction.unc.edu/resource-library/for-community-partners/>
- OA Toolkit: <https://oaaction.unc.edu/oacaretools/>
- OA Tools for Pharmacists: <https://oaaction.unc.edu/resource-library/for-health-professionals/pharmacists-2/>
- National Public Health Agenda for OA, 2020 Update: <https://oaaction.unc.edu/policy/oa-agenda-2020-update/>
- Call to Action Briefs: <https://oaaction.unc.edu/resource-library/for-policy-makers/calls-to-action-and-public-health-agendas/>
- Remain in the Game Toolkit: <https://oaaction.unc.edu/remain-in-the-game-a-joint-effort/>

Evaluation:

- **Poll Question:** I gained skills related to my organization's ability to partner with social health access referral platforms to enhance arthritis public health efforts
 - 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 one)
 - 31% - Knowledge about tools that can be used to advance our work
 - 6% - New partners to engage with to address arthritis
 - 56% - New ideas/ways of thinking about my programs current approach to increase arthritis public health strategies
 - 6% - Strategies to sustain arthritis efforts
 - 0% - Other