Welcome to the Arthritis Council Webinar

Please dial in for audio: 866-707-2102, 3489739#
DP16-1606

• National Organizations funded in 2016:
  – National Association of Chronic Disease Directors (NACDD)
  – National Recreation and Parks Association (NRPA)
  – University of North Carolina at Chapel Hill (OAAA)
  – YUSA
Component 1

Builds upon DP11-1113, National Organizations to Support Arthritis

Focus on Delivery Systems and Environmental Approaches

Outcomes: Expand reach or availability of AAEBIs; increased financing or sustainable supports for AAEBI dissemination, deliver, or referrals
NACDD - Project Goals

1.) Increase availability of and participation in the AAEBIs due to the implementation of an effective intervention dissemination and delivery model; and,

2.) Increase financing and other sustainable supports for AAEBI dissemination, delivery and referrals via the development and implementation of employer/payor infrastructure.
Objectives

1.) Pilot test one commercial offering structure/employer payor model in up to 3 employers.

2.) 9 APTA state chapters will disseminate and track the Walk With Ease (WWE) self-directed program to 400 participants per chapter.
Strategies

- Partner with the EBLC and member organization, Partners in Care Foundation.
- Working with Medworks Consulting to onboard employers to adopt AAEBIs for employees.
- Release RFP for American Physical Therapy Assoc state chapters to award 9 per year to disseminate the WWE self-directed to patients.
Thank you!

MARI BRICK: BRICK@CHRONICDISEASE.ORG
Innovative Dissemination of Arthritis Interventions Through Parks and Recreation

Lesha Spencer-Brown, MPH, CPH
Program Manager, NRPA
About NRPA

Improving the health of communities through parks, recreation and conservation:

• Health and Wellness
• Conservation
• Social Equity
Project Goal

To expand the dissemination and delivery of arthritis appropriate evidence-based interventions (AAEBIs) through local park and recreation agencies.

www.nrpa.org/arthritis/
Objectives

1) Increase the availability of AAEBIs in Parks and Recreation

2) Increase the number of adults enrolling in AAEBIs

3) Establish a permanent referral system for AAEBIs
Strategies

• **Innovative Delivery Systems**
  i. Walk with Ease
  ii. Active Living Every Day
  iii. Fit & Strong!
  iv. A Walk in the Park!
    • Walk with A Doc and Parks and Recreation

• **Environmental Approach**
  i. Permanent Referral System
    • Miami-Dade County, Florida
NRPA Arthritis Impact Map
Evidence-Based Physical Activity Programs

Prevalence of Arthritis
- < 20%
- 21% - 27%
- 28% - 35%
- > 35%
- No Data

CDC Funded State Health Depts.
Park&Rec Agencies Offering Programs.
Best Practices Guide

ARTHRITIS INTERVENTIONS IN PARK & RECREATION AGENCIES:

INGREDIENTS FOR SUCCESS

www.nrpa.org/arthritis/
Best Practices Guide

Arthritis Interventions in Park and Recreation Agencies

Active Living Every Day: Best Practices Guide

www.nrpa.org/Arthritis
Thank You!

Lesha Spencer-Brown
Lspencer@nrpa.org
www.nrpa.org/arthritis
The OsteoArthritis Action Alliance is committed to elevating osteoarthritis (OA) as a national health priority and promoting effective policy [systems and environmental] solutions that address the individual and national toll of OA.

http://oaaction.unc.edu/
OAAA Workgroups

Policy & Advocacy
Community Engagement
Healthcare Systems & Provider Mobilization
Individual Engagement & Education
OA Prevention

http://oaaction.unc.edu/
Based at UNC at Chapel Hill, OAAA Key Partners are:

- Arthritis Foundation (AF)
- Evidence-Based Leadership Council (EBLC)
- Society for Public Health Education (SOPHE)
- National Council on Aging (NCOA)
- American Physical Therapy Association (APTA)
- American Academy of Orthopaedic Surgeons (AAOS)
- American College of Rheumatology (ACR)
Goal 1 Objectives

(1.1) Augment the program delivery database that the National Council on Aging manages for the Administration on Community Living (ACL) for tracking CDSME to **include WWE program delivery and participation.**

(1.2) **Design and pilot test innovative health messaging strategies** informed by behavioral economics to drive more self-referrals from people with OA to AAEBI programs.

(1.3) **Partner with the existing delivery network of former and current ACL grantees for CDSME programs and well-established provider networks to market CDSMP to adults with OA and increase the number of program completers by 30%.**
Goal 1 Objectives, continued

(1.4) Stimulate **implementation of WWE in at least 25 states** by expanding enrollment through a targeted mini-grant program.

(1.5) Apply the lessons learned from delivering and embedding CDSMP and WWE to **market and deliver other AAEBIs in years 3-5**.
March 2017 WWE Expansion Mini-Grant Awardees ( = Grantee)

- Ardent Solutions, INC (NY)
- First Tennessee Area on Aging and Disability (TN)
- Health Promotion Council (PA)
- Oregon State University (OR)
- MAC-Living Well Center of Excellence (MD)
- Salt Lake County Aging and Adult Services (UT)
- Somerset County Office on Aging and Disability Services (NJ)
- South Shore YMCA (MA)
- Wise and Healthy Aging (CA)
Grantees Partnering with SHD & LHD

- Health Promotion Council (PA)
- Oregon State University (OR)
- Salt Lake County Aging and Adult Services (UT)
- Somerset County Office on Aging & Disability Services (NJ)
- Wisconsin Institute for Healthy Aging (WI)
Resources

• Issue Briefs
  • For Providers
  • For Referrers

• WWE Class Zero

• Website: http://oaaction.unc.edu/
  • Resources for Communities
Goal 2 Objectives

(2.1) Develop value propositions for creating sustainable supports for WWE and CDSMP referrals of people with OA to market with health care providers and systems, insurance companies, employers and other funders.

(2.2) Work with our OAAA member health provider professional societies to develop referral mechanism strategies for health care providers to enhance enrollment of people with arthritis into WWE and CDSMP, and other AAEBIs as resources permit.

(2.3) Evaluate tested CDSMP marketing strategies for applicability to the OA population and develop a WWE marketing toolkit.
Contact Information

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  mary_altpeter@unc.edu

- Serena Weisner, MS, Project Assistant
  serena.weisner@gmail.com
ARTHRITE RELIEF FOR ALL

THE Y’S EFFORT WITH ENHANCE®FITNESS

HEATHER HODGE, M.ED. SENIOR DIRECTOR, EVIDENCE-BASED HEALTH INTERVENTIONS YMCA OF THE USA

April 4, 2017
THE Y: ASSOCIATIONS & BRANCHES

OUR REACH

FACTS

YMCAs
2,700

YMCAs in communities where household income is below the national average
58%

Communities served
10,000

States
50 plus
District of Columbia and Puerto Rico
80% OF HEALTH “HAPPENS” OUTSIDE OF THE CLINIC

Figure 1. Modifiable Factors That Influence Health

COMMUNITY INTEGRATED HEALTH

Evidence-based Interventions
Ys are discovering, developing, and disseminating research-tested, high-fidelity health interventions to improve health.

Capacity Building
Y-USA is engaging Ys from the earliest stages to ensure they have the staff, competencies, and relationships necessary to implement evidence-based programs.

Compliance
Y-USA is helping YMCAs and other community-based organizations comply with privacy laws and health care regulations.

Shared Physical Spaces
Ys are exploring the value of shared spaces with health practices, rehab and cancer centers, primary care within Y facilities, retail programming space with health care systems, clinical facilities at camps, and other health services.

Health Equity
Y-USA infuses principles of equity into services to ensure everyone has the opportunity to live their healthiest lives, and that underserved populations have access to health-promoting resources.

Healthier Communities Initiative
Across 247 communities, Ys have used a collective impact model to implement policy, system, and environmental changes so that healthy choices are the easy choices for all. Building on this knowledge, Y-USA’s Talent and Knowledge Management department is testing new and advanced models of collaboration over the next three years.

Community Health Navigation
Ys help individuals develop the relationships necessary to manage health by conducting home visits, spreading awareness of recommended preventive services, and helping connect people to health care exchanges and marketplaces.
WE MEET HEALTH-SEEKERS WHERE THEY ARE...

Frieden, AJPH 2010
THE Y’S PIPELINE OF EVIDENCE-BASED (RCT PROVEN) PROGRAMS

DISCOVERY
- Efficacy
- Validation

DEVELOPMENT
- Translation
- Scaling

DISSEMINATION
- Dissemination

YMCA’s Diabetes Prevention Program
EnhanceFitness (Arthritis Self-Management)
LIVESTRONG at the YMCA (Cancer Survivorship)
Moving For Better Balance (Falls Prevention)
Blood Pressure Self-Monitoring
Childhood Obesity Intervention
Brain Health
Parkinson’s
Tobacco Cessation
ENHANCE®FITNESS

THE PROGRAM IS:

- Land-based group exercise for older adults
- Delivered in 16 week intervals: 48 sessions per cycle
- Open to all community members; YMCA membership is not required
- Nationally recognized by the Centers for Disease Control and Prevention, US Department of Health and Human Services, Administration for Community Living, and the National Council on Aging
- Involves fitness checks, data collection, and data entry
IN EACH ENHANCE®FITNESS CLASS, PARTICIPANTS EXPERIENCE:

- A certified instructor with special training
- Exercises focusing on cardiovascular endurance, strength, flexibility, and balance which can help reduce the severity of arthritis symptoms
- An atmosphere that encourages social interaction, which is a vital part of health and well-being for older adults

WHO QUALIFIES?

- Older adults at all fitness levels. The program is especially beneficial for older adults living with arthritis.
# DELIVERING OUTCOMES AT SCALE:
FALLS PREVENTION/ARTHRITIS SELF-MANAGEMENT

## PROGRAM REACH – FEBRUARY 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tbody>
<tr>
<td>Number of Y associations offering the program</td>
<td>167</td>
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<tr>
<td>Number of states delivering the program</td>
<td>37</td>
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<tr>
<td>Number of EnhanceFitness sites</td>
<td>349</td>
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<tr>
<td>85% Y sites</td>
<td>15% non-Y sites</td>
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<tr>
<td>Number of certified instructors</td>
<td>1,616</td>
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<tr>
<td>Number of participants served</td>
<td>18,936</td>
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DELIVERING OUTCOMES AT SCALE:
FALLS PREVENTION/ARTHРИTIS SELF-MANAGEMENT

PROVEN RESULTS

Studies show:

90% participant retention rate

13% improvement in social functioning

35% improvement in physical functioning

53% improvement in depression

Fewer hospitalizations and $945 less in health care costs per year than non-participants

PARTICIPANT SATISFACTION

Over 99% of participants say they would recommend Enhance®Fitness to a friend.
## SITES PARTICIPATING IN THIS PROJECT

<table>
<thead>
<tr>
<th>Grantee</th>
<th>Sub-grantee</th>
<th>City</th>
<th>ST</th>
<th>Program</th>
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<tbody>
<tr>
<td>Y-USA</td>
<td>Birmingham Metropolitan YMCA</td>
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<td>WV</td>
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</tbody>
</table>
THANK YOU

YMCA OF THE USA
800 872 9622


About the Administration for Community Living (ACL)

• **Mission** – maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers

• Commitment to one **fundamental principle** – people with disabilities and older adults should be able to live where they choose, with the people they choose, and participate fully in their communities
About ACL (cont.)

ACL

Office of the Administrator
Administration on Aging
Administration on Disabilities
National Institute on Disability, Independent Living, and Rehabilitation Research
Center for Integrated Programs
Center for Management and Budget
Center for Policy and Evaluation
Chronic Disease Self-Management Education Grant Goals

• Increase the number of older adults and adults with disabilities who participate in CDSME and self-management support programs

• Implement innovative funding arrangements to support CDSME beyond grant period, embedding programs into an integrated, sustainable network
  – Moving beyond discretionary grants, Older Americans Act funding, etc.
Grantee Network

• 20 grantees between two cohorts (2015 and 2016)
• Two year project periods
• Funded organizations include state agencies (aging and public health), area agencies on aging, nonprofits, tribal organizations, universities
• Combined target of approximately 50,000 completers
ACL and Business Acumen

ACL, in partnership with foundations, is providing aging and disability organizations with the tools they need to partner and contract with health care payers and providers in delivery system reform.

2012: Grants to national partners to build the business capacity of aging and disability organizations for MLTSS

2012 - Present: Engagement with public and private partners

2013-2016: Business Acumen Learning Collaboratives

Fall 2016 and beyond: New technical assistance opportunities
Progress!
An example from an Area Agency on Aging in one of ACL’s Business Acumen Learning Collaborative networks

**2013**
- Grants: 95%
- Contracts with Health Care: 4%
- Other Contracts: 1%

**2016**
- Grants: 42%
- Contracts with Health Care: 19%
- Other Contracts: 38%
- Other: 1%

*Source: Elder Services of the Merrimack Valley and the Healthy Living Center of Excellence*
New CDSME Funding Opportunity

- Anticipate 8 awards ($500,000 - $900,000)
- Three year project period
- Informational call April 5
- Applications due May 12
- Learn more at grants.gov
Contact Information

Kristie Kulinski

kristie.kulinski@acl.hhs.gov

(202) 795-7379
NCOA Center for Healthy Aging Updates

- Community-Integrated Health Care
  - Roadmap to Community-Integrated Health Care
  - Learning collaboratives
- Evidence-based program review council
- Annual CDSME and Falls Prevention Resource Centers Meeting - May 23-25
- 10th Annual Falls Prevention Awareness Day - Sept. 22
- Recent webinar on strategies to engage people with arthritis in evidence-based programs
Thank you!

Kathleen Cameron
Kathleen.Cameron@ncoa.org
Thank you!

SLIDES AND RECORDING WILL BE POSTED TO THE ARTHRITIS WEBPAGES AT: CHRONICDISEASE.ORG