

## NOFO Attachment 1 of 2 for: CDC-RFA-DP18-1803- State Public Health Approaches to Addressing Arthritis

### Attachment 1: List of Evidence-Based Interventions

For Strategy 1 an applicant is expected to disseminate **AT LEAST TWO** evidence-based interventions. An applicant is expected to select **at least one** from the CDC-Recommended or Promising Arthritis-Appropriate Evidence-Based Interventions (AAEBIs) list below, but may choose to offer additional recommended or promising AAEBI(s). An applicant can choose to disseminate only physical activity AAEBIs, only self-management education AAEBIs, or both types of interventions from the AAEBI list below. Additionally, the applicant has the option to select no more than one other Self-Management Intervention either from the list below or having the focal characteristics described below.

Therefore, the following three scenarios are possible for an applicant:

1. Disseminate TWO or more AAEBIs,
2. Disseminate ONE or more AAEBI **and** leverage the implementation of ONE other self-management intervention, or
3. Disseminate TWO or more AAEBIs **and** leverage the implementation of ONE other self-management intervention.

See additional instructions under each list below.

#### [CDC Recommended and Promising AAEBIs](#)

CDC recommends evidence-based programs that are proven to improve the quality of life of people with arthritis. A description and list of CDC-Recommended and Promising physical activity and self-management education interventions that are acceptable interventions for the purposes of this NOFO can be found below and on our [Intervention Programs page](#). Each applicant is expected *to select one or more* Recommended or Promising AAEBI from this list for Strategy 1.

#### ***CDC-Recommended AAEBIs***

**NOTE:** All Recommended AAEBIs require in-person implementation and in-person participation.

- [Active Living Every Day \(ALED\)](#)

- Arthritis Self-Management Program (ASMP)— **Note:** *infrastructure and dissemination support availability is limited for this program. CDC recommends use of [Chronic Disease Self-Management Program](#) as an alternative to ASMP. For more information about ASMP and its use for this NOFO, contact CDC's Arthritis Program Project Officer at [mgk6@cdc.gov](mailto:mgk6@cdc.gov).*
- Programa de Manejo Personal de la Arthritis (Spanish Arthritis Self-Management Program)— **Note:** *infrastructure and dissemination support availability is limited for this program. CDC recommends use of [Tomando Control de su Salud](#) as an alternative. For more information about Programa de Manejo Personal de la Arthritis and its use for this NOFO, contact CDC's Arthritis Program Project Officer at [mgk6@cdc.gov](mailto:mgk6@cdc.gov).*
- [Chronic Disease Self-Management Program \(CDSMP\)](#)
- [Tomando Control de su Salud \(Spanish Chronic Disease Self-Management\)](#)
- [Enhance Fitness](#)
- [Fit & Strong](#)
- [Walk with Ease \(Group-led\)](#)

### **Promising AEBIs**

**NOTE:** Applicants who elect to implement Walk With Ease Self-Directed or the Arthritis Toolkit options under this list, are expected to implement a monitoring, accountability, or follow-up process/system that makes it possible to determine actual use or completion of the self-study or self-directed programs by participants, and employ a sustainable process or system that facilitates wide-scale dissemination and delivery/monitoring of the program. A system ensuring wide-scale dissemination and delivery, facilitating population-level impact is also expected for implementation of the online and remaining programs on this list. The self-directed, self-study, and online programs do not require in-person participation.

- [Arthritis Foundation Aquatics Program \(AFAP\)](#)—**Note:** grant funds cannot be used for building pools and/or construction.
- [Arthritis Foundation Exercise Program \(AFEP\)](#)
- [The Arthritis Toolkit \(Self-study\)](#)—**Note:** *infrastructure and dissemination support availability is limited for this program. CDC recommends use of [Chronic Disease Self-Management: Toolkit for Active Living](#)<sup>external icon</sup> as an alternative to the Arthritis Toolkit. For more information about the Arthritis Toolkit and its use for this NOFO, contact CDC's Arthritis Program Project Officer at [mgk6@cdc.gov](mailto:mgk6@cdc.gov). as an alternative to the Arthritis Toolkit.*
- [Better Choices Better Health for Arthritis \(Online ASMP\)](#)

- [Better Choices Better Health \(Online CDSMP\)](#)
- [Walk with Ease \(Self-directed\)](#)

### Other Self-Management Interventions

For the purpose of this NOFO, an applicant has the option to propose no more than one other self-management intervention in addition to the selection of at least one AAEBI above. Any proposed other self-management intervention must have evidence of effectiveness for its intended purpose (e.g., physical activity, pain management, etc.) and have a delivery and implementation infrastructure in place. Additionally, a proposed self-management intervention must be **intended for adults**, and *primarily focused on physical activity, self-management education, injury prevention (e.g. occupational), and/or weight-management strategies*.

If an applicant opts to propose ONE other self-management intervention, the following items are expected to be described related to Strategy 1:

- Applicant proposes no more than 10% of annual funding to support the implementation of the selected self-management intervention.
- Applicant describes how the self-management intervention is already being disseminated with an implementation infrastructure in place (see [Attachment 2](#) under Strategy 1.1 for examples) and how it will leverage these existing activities.
- Applicant describes the purpose, focus, and evidence base for the self-management intervention, how the selected intervention is relevant to adults with arthritis and to this NOFO, and how it will be used to cross-refer participants to AAEBIs.

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Disclaimer: Links to external resources are provided as a public service and do not imply endorsement of the products or information by the Centers for Disease Control and Prevention (CDC).

### **Strategy 1: Disseminate Arthritis-Appropriate Evidence-Based Interventions (AAEBI) and leverage other Self-Management Interventions.**

Disseminate AT LEAST TWO different evidence based interventions among the applicant's employees, patients, members or constituents, and ensure sufficient capacity to continuously and sustainably deliver AAEBIs to this population and expanded population over the 5-year period.

#### **Activity 1.1 Resources and Examples of Evidence Based Dissemination Strategies**

- [Expanding the Reach of Evidence-Based Self-Management Education and Physical Activity Interventions Results of a Cross-Site Evaluation of State Health Departments](#)external icon
- [News from the CDC: Scaling up sustainable intervention delivery—lessons learned from the CDC arthritis program: Evidence-based Dissemination strategies](#)external icon
- [Tools for Implementing an Evidence-Based Approach in Public Health Practice](#)

#### **Activity 1.2 Resources and Examples of Worksite Strategies and Financial Supports**

- [CDC Work@Health® Program](#)
- [The National Healthy Worksite Program \[PDF-237KB\]](#)
- [State Examples of Reimbursements, health plan benefits coverage and other strategies \[PDF-614KB\]](#)
- [Walk with Ease at Worksite](#)
  - For additional Walk with Ease resources, visit [OAAA's Community Partners page](#)
- [Worksite Health ScoreCard](#)

## Strategy 2: Counsel and refer patients to increase physical activity, including participation in AAEBIs and walking.

Leverage key state-wide initiatives and engage key stakeholders, to develop and implement a 5-year systems approach to support a sustainable counseling and referral process that will engage healthcare providers and increase their counseling of adults with arthritis about the importance and benefits of physical activity for managing arthritis, including safe walking, and referring appropriate patients to AAEBIs for physical activity

### Activity 2.1 Examples of Relevant National or State Level Initiatives

- [Advancing Health through Accountable Communities: A Conversation with States](#)
- [Community Connections: Linking Primary Care Patients to Local Resources for Better Management of Obesity](#)
- [Partnering with Accountable Care Organizations for Population Health Improvement](#) [PDF-911KB]
- [Patient Centered Medical Homes – How Public Health Practitioners Can Support PCMHs](#) [PDF-1.57MB]

### Resources and Examples on Counseling and Referral Best Practice

- [The 1-2-3- Approach to Provider Outreach](#)
- [The 5 A's: Ask, Advise, Assess, Assist, and Arrange Intervention for Physical Activity Counseling](#)
- [Addressing Chronic Disease through Community Health Workers: A Policy and Systems-Level Approach](#) [PDF-1.10MB]
- [ASTHO's Community-Clinical Linkages Resources](#)
- [Cardiovascular Disease Clinical Decision Support Systems](#)
- [Community-Clinical Linkages for the Prevention and Control of Chronic Diseases](#) [PDF-1.68MB]
- [Community-Integrated Healthcare Toolkit](#)
- [Creating Community-Clinical Linkages Between Community Pharmacists and Physicians](#) [PDF-1.12MB]
- [Encourage Participation in Self-Management Programs](#) [PDF-802KB]
- [Environmental and Policy Strategies to Increase Physical Activity Among Adults with Arthritis](#) [PDF-3.16MB]
- [Exercise is Medicine \(EIM\)'s Health Care Provider Resources](#)

- [Formalizing Community-Clinical Linkages: Massachusetts DPH e-Referral Project pdf icon](#)[PDF-906KB]
- [Fostering Community Linkages to Address Health Equity](#) [PDF-0.98MB]
- [Guide to Refer Patients to the YMCA Diabetes Prevention Program](#)
- [Implementation Guide for Public Health Practitioners](#) [PDF-1.94MB]
- [Movement is Medicine Online Continuing Education Course](#)
- [Pathways to Diabetes Prevention: How Colorado Organizations are Creating Healthcare Referral Systems that Work](#) [PDF-1.90MB]
- [Screen and Refer Patients to a Lifestyle Change Program \(for Professionals\)](#)
- [STEADI: Older Adults Fall Prevention Provider and Patient Resources](#)
- [Talking with your Older Patient, A Clinician's Handbook](#)

### Activity 2.2 Examples of Resources to Help Facilitate Enrollment, Registration or Participation

- [Arthritis Foundation Resource Finder](#)
- [Evidence Based Leadership Council's Map of Programs Locator](#)
- State Examples of Program Locators:
  - [Formalizing Community-Clinical Linkages: Massachusetts DPH e-Referral Project](#) [PDF-906KB]
  - [Living Well Utah](#)
  - [Maryland's Local Self-Management Classes](#)
  - [New York QTAC's Compass](#)
  - [Oregon's Take Control of Your Health](#)
  - [Rhode Island's Community Health Networks Programs](#)
  - [Self-Management Colorado Program Locator and Referral Site](#)
  - [Wisconsin Institute for Healthy Aging](#) program locator
- Examples of Program Locators/Online Resources for hire (CDC does not endorse these over other program locators):
  - [Health-e-link](#)
  - [Web based workshop and data management tool from the Quality and Technical Assistance Center \(QTAC\) of New York \(Compass\)](#)
  - [Workshop Wizard](#)

### Useful Publications

- [Clinician-Targeted Intervention and Patient-Reported Counseling on Physical Activity](#)

- [Health Care Provider Counseling for Physical Activity or Exercise Among Adults with Arthritis — United States, 2002 and 2014](#)
- [Healthcare Providers' Recommendations for Physical Activity among US Arthritis Population: A Cross-Sectional Analysis by Race/Ethnicity](#)
- [Physical Activity Counseling in Primary Care: Insights from Public Health and Behavioral Economics](#)
- [Primary Care Physicians Primed to Help Patients Be More Active](#)
- [Tools for Physical Activity Counseling in Medical Practice](#)

### **Strategy 3: Promote Walking.**

Promote widely available existing walking initiatives or programs, ensure they address the unique needs and barriers of adults with arthritis and increase walking among adults with arthritis.

#### **Activity 3.2 and 3.3: Examples of Walking Initiatives/Programs, Interventions, and Resources**

- [Walkability Audit for Arthritis](#)
- [America Walks](#)
- [Environmental and Policy Strategies to Increase Physical Activity Among Adults with Arthritis \[PDF-3.16MB\]](#)
- [Healthy Aging in Parks](#)
- [Step it Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities](#)
- [The Walkability Project](#)
- [Walk with Ease](#)
- For additional Walk with Ease resources, visit [OAAA's Community Partners page](#)
- [Workplace Wellness: Walk This Way](#)
- [Walk with a Doc](#)
- [Physical Activity Guidelines for Americans](#)
- [Every Body Walk](#)
- [Walkability Action Institute](#)

### **Strategy 4: Raise Awareness about Arthritis Burden and Management.**

Raise awareness about arthritis burden, physical activity, walking, AEIBs (and other self-management interventions as applicable), and provider counseling and referrals in ways that will facilitate achievement of key NOFO outcomes.

## Activity 4.1 and 4.2 Resources to raise awareness of AAEBI, counseling and referral resources

- [The 1-2-3 Approach to Provider Outreach](#)
- [Arthritis Digital Press Kit](#)
- [Arthritis Resources for Physical Therapists](#)
- [CDC Clear Communication Index](#)
- [Community-Integrated Healthcare Toolkit](#)
- [Learn More. Feel Better. Campaign](#)
- [Physical Activity. The Arthritis Pain Reliever. Campaign](#)
- [Buenos días, arthritis Campaign](#)
- [Spread the Word: Marketing Self-Management Education Through Ambassador Outreach](#)
- [STEADI: Older Adults Fall Prevention Provider and Patient Resource](#)
- [Gateway to Health Communication & Social Marketing Practice](#)

## Information for Behavioral Risk Factor Surveillance System

- [BRFSS Main Webpage](#)
- [BRFSS State Coordinators List](#)