



## NACDD General Member Webinar

Coupling Evidence-Based Interventions to Encourage Sustainability: Examples from the Field

Thursday, March 25, 2021 @ 3:00 p.m. ET

### **Webinar Notes and Resources**

- Materials available on the NACDD website:  
<https://chronicdisease.org/page/autoimmune/nacdd-action-on-arthritis/>
- Meeting Recording: <https://chronicdisease.org/webinar-library/>

### **Registration Survey Questions**

Two questions were asked during webinar registration. Below are the results from the just over 375 registrants.

1. Rate your knowledge of coupling evidence-based interventions to encourage sustainability in public health programming.

Not at all knowledgeable	16%
Somewhat knowledgeable	67%
Very/highly knowledgeable	17%

2. Select your experience with coupling evidence-based interventions to encourage sustainability of public health programming.

No experience	20%
Some/limited experience	71%
A lot of experience	9%

### **State Sharing**

Montana Department of Public Health and Human Services: Melissa Dale and Heather Welch

- Presentation on Walk With Ease (WWE) as a physical activity strategy for state employees and integrating WWE with other evidence-based interventions strategies and tobacco cessation.

Health Promotion Council: Kimberly A. Labno

- Presentation on coupling WWE with other evidence-based interventions, and employer experiences with Conemaugh Health and Resources for Human Development.

Iowa Department of Health: Denise Attard Sacco

CHPCommunity: Trina Radske-Suchan

- Presentation on coupling WWE with WISEWOMAN, referral protocol and efforts to get WWE approved as a Healthy Behavior Support Service.

Oregon Health Authority: Tara Weston

Oregon Office on Disability and Health: Erin Taylor

- Presentation on the work through the state extension to couple WWE and NDPP and the adaptation to deliver WWE self-directed during the pandemic, including a focus on inclusivity.

### **Webinar Poll**

1. What is the biggest barrier to coupling evidence-based programs in your state?

Competing priorities	26%
Categorical funding requirements	21%
Not aware of opportunities	8%
Staff availability	7%
Other	4%
COVID context	3%
Combination of two or more barriers listed above	31%

### **Facilitated Discussion / Fireside Chat**

What types of challenges did you encounter when working to couple evidence-based interventions, and how did you overcome those challenges?

- Montana – when asking community partners to implement programs, we are competing with their time, overcame by showing it is beneficial to their work and aligns with other objectives.
- Pennsylvania – similar experiences where the interest is there, and the importance of value is understood, and integration into existing program; found that if they can communicate the value hope to have more and more demonstrative proof of concept about what this could bring; also looking at available funds through braided streams to offset the cost of WWE books/material costs, to cost share part of the burden
- Oregon – similar, competing priorities, COVID, transitioning to virtual delivery from in person. One thing that was helpful was that they had materials and WWE leader trained in offering virtual classes prior to pandemic so she served as a resource and mentor to others

Trina, can you talk a little bit about how you used WWE to support other chronic disease efforts like DPP, cancer survivorship, and falls prevention?

- Iowa used WWE as a strategy to meet the physical activity requirements that most programs try to teach and coach participants into adopting as a new healthy lifestyle behavior.
- WWE is an evidence-based tool that leaders, instructors and coaches can implement as they introduce physical activity into their programs.
- WWE provides the details on how to get 150 minutes of physical activity per week; it is guided and tackles common barriers to being physically active;

WWE can provide leaders and coaches the feeling of being more secure in providing physical activity information to participants.

- Above and Beyond Cancer focuses on building up stamina, falls prevention programs like Matter of Balance focuses on improving building walking pace, so WWE provides the structure to support these programs.
- Urban Polling is another program that can be partnered with WWE to make it more accessible to participants.

Erin, can you share information on what you've done to ensure WWE is inclusive to people of all abilities?

- Transportation and accessibility can be a barrier for people with disabilities, so with the pandemic came many grants to provide opportunities for people with disabilities to stay connected with physical distancing (e.g., tablets).
- We focused on inclusivity and accessibility, and when creating a PowerPoint presentation we used a universal design.
- Those with limitations (e.g., mobility, visual, etc.) received individual support to make sure they were able to participate and that we met each individual where they were in their journey.
- Not everyone can walk for 10 minutes so we found out what walking means to all participants, and talked about movement; movement is different for every person so modifications were made to ensure inclusivity.
- During the program we talked about everybody and every body being and the need to tailor to the individual participant.
- Talked about micro goals and rewarding yourself for achievements.
- Words and messaging were important and help people to feel like they belong; an additional component was to add a 30 minute session "after party" to allow for social connection.

Montana has been successful recruiting a variety of partners to implement the Walk With Ease program. What are some tools and strategies that you use to bring on new partners?

- Analysis of participant data that is collected through the data portal which includes demographics, and pre- and post-surveys.
- Data is used to show program success in MT.
- Local sites have access to the data in the portal and the data is used for reporting and to share with local officials; data is also used to help with participant recruitment for all programs.

## **Questions and Answers**

### **Q: How do you handle the costs of books in the Montana program? The cost is a barrier to participation.**

A: The Montana Arthritis Program purchases the books. We provide our local sites with a start-up kit that includes 40 books, to give to the participants. We encourage the local sites to do a "lending library with books"--at the end of the 6-weeks the participants return the books.

### **Q: Have you considered adding to the wellness program cancer screening?**

A: Montana has not considered adding the Walk with Ease to the cancer screening initiatives because they have been working with a variety of other partners to implement the Walk with Ease. Melissa mentioned that this would a great avenue to further expand the Walk with Ease program.

**Q: Please talk more about how Montana combined WWE with worksite, diabetes prevention and tobacco prevention. How was this accomplished (BAA/MOU) and is there an evaluation?**

A: The Montana Chronic Disease Prevention & Health Promotion (CDPHP) Bureau has a coordinated contract with the regional health departments that include task orders from all the programs within the bureau. Each of the regional health departments are tasked to offer Worksite Wellness, a diabetes program, and Tobacco Prevention Program. The staff at the state level encourage the regional health departments to pair up as much work as possible to ensure that they are able to complete their deliverables and reduce redundancy in their work. Since all the work is under the shared contract, there is no MOU or BAA.

There are voluntary forms that the Walk with Ease participants can fill out—a majority of participants complete the forms. The participants are given a Participant Demographic Questionnaire and a Pre-Questionnaire before starting the Walk with Ease program and a Post-Questionnaire at the end of the 6-weeks. Then at 6-months they receive a 6-month follow-up survey. The pre, post, and 6-month follow-up survey are the same questionnaire to use as a mode of comparison.

**Q: How do the panelists define a 'sustainable' program? Are there criteria that are generalizable?**

A: Health Promotion Council is looking at the financial aspect when talking about sustainability; there are many services being provided by community coaches, lay leaders, etc. that are not reimbursable, so to the extent that services are billable they can become sustainable.

**Q: For the OR self-directed weekly emails, did you also require the books?**

A: Yes, books are also sent to SD participants.

**Q: When folks are talking about integrating WWE into DPP, how is the integration working while still maintaining fidelity of both programs?**

A: One of the ways integration is being done while maintaining fidelity is using WWE as the physical activity component of DPP; an evidence-based intervention supporting another evidence-based intervention. Iowa integrates WWE into DPP by providing lifestyle coaches the tools they need to understand the program, including those that support program implementation. Fidelity is maintained by educating and training coaches. Lifestyle coaches are given tools and training in motivational interviewing so they can anticipate the readiness of the participant to engage in WWE.

**Q: What steps did Oregon State University take towards automation for enrollment and support emails/evaluation email? What system did OSU enlist for this process? Would really like to learn more about Oregon's virtual WWE toolkit.**

A: OSU Extension worked internally to use the Hubspot platform to make it automated. Allison Harris from OSU Extension can provide the details, if

interested. Her contact info is: Allison Harris, WWE Program Coordinator, Oregon State University Extension Service, walk@oregonstate.edu"

**Q: In addition to collecting data on attendance, what other evaluation-related data were you able to collect? Were you able to collect data on sustained lifestyle change (e.g. increased physical activity)? If so, how did that go? Did you need to approach evaluation differently with different partners? If so, how did that go?**

A: In Montana, we ask all our partners to collect participant demographic, pre- and post-tests, along with a 6-month post program survey. In addition, the instructors are required to keep track of the attendance for the group class. For WWE self-directed the participants must submit their weekly walking minutes in our participant portal. The WWE leaders use the weekly walking minutes to track participation.

**Q: How did you get the idea to combine WWE with the Diabetes Prevention Program?**

A: My team and I are always looking to incorporate WWE into other programs--since the MT Arthritis Program has little funding, so we are looking to piggyback off of other programs and as I learned more about DPP I started a conversation with the MT Diabetes Program Manager and they gave us the thumbs up to approach the DPP coaches.

**Q: How did you get the idea to combine WWE with WISEWOMAN?**

A: Heard from a colleague that WWE was a great program that might be one that WISEWOMAN participants might enjoy; contacted Trina and found out there was a bilingual health coach in Iowa that could provide services to the Latinx population; presented to 7 local programs and they were excited about the program and opportunity; drafted a protocol to make it easier for WISEWOMAN health coaches to refer and offer WWE, and submitted to CDC for approval; once WWE was approved as a Healthy Behavior Support Service, WISEWOMAN funding could be used to support program efforts

**Q: Does anyone use Community Health Workers (CHW) or Promotoras?**

A: NACDD arthritis program project partner Baylor Scott and White Health and Wellness Center in Dallas, TX uses state certified CHWs that are also trained in motivational interviewing to deliver both the Group Lifestyle Balance program as well as WWE. These CHWs work in the health clinic, at farm stands and in faith-based settings. Project partner Bernalillo County Community Health Council in Albuquerque, New Mexico also uses a state certified CHW who is also a Pathways Navigator to assist with implementation of evidence-based programs like WWE and the National Diabetes Prevention Program.

The Montana Arthritis Program works closely with the local county health department staff to implement the Walk with Ease program in their regions. The Montana Chronic Disease Prevention & Health Promotion (CDPHP) Bureau has created a coordinated contract with the regional health departments that includes deliverables from all the programs within the bureau, which includes to implement the Walk with Ease program in each region. Many regional health department staff

have found ways to incorporate the Walk with Ease program into their other programmatic work.

## Resources

### Montana

- Montana Arthritis Program - <https://dphhs.mt.gov/publichealth/arthritisc>
- Silverstein RP, VanderVos M, Welch H, Long A, Kaboré CD, Hootman JM. Self-Directed Walk With Ease Workplace Wellness Program — Montana, 2015–2017. MMWR Morb Mortal Wkly Rep 2018;67:1295–1299. DOI: <http://dx.doi.org/10.15585/mmwr.mm6746a3external icon>

### Iowa

- [Walk With Ease Program, WISEWOMAN Participant Referral Protocol](#)

### Oregon

- Oregon State University Extension Walk With Ease Resources - <https://extension.oregonstate.edu/walk-ease>

## Post Survey Results

1. What actions do you plan to take based on knowledge learned today? (select all that apply)

Talk with colleague and/or supervisor about how to initiate or enhance our state/organization's efforts related to coupling evidence-based interventions.	27.37%
Develop a plan for coupling evidence-based interventions.	16.84%
Reach out to a peer for support, mentoring or advice as it related to expanding my knowledge about coupling evidence-based interventions.	14.74%
Review materials provided by NACDD or presenters in relation to this webinar.	26.32%
Explore ways to braid programmatic efforts in our state/organization workplan.	14.74%

2. What do you believe was the most valuable piece of information that you learned today?

- WWE and barriers implementing.
- Incorporating the WWE with other programs, incentivizing the participants
- I would like to have a link to evidence-based wellness programs endorsed by the CDC.
- Would like to talk to someone with CDC's Arthritis Program for additional information. I'm a DDT Project Officer, but none of my states have CDC Arthritis Grants. Is there any way to encourage my states to offer the WWE program in conjunction with their DDP programs?
- Good question. We've already been doing so much of this work that was presented on today, so it wasn't anything new - I want information that is innovative, something we haven't tried before but I'm not sure what that looks like.
- I would love to know what states are doing WWE and Wisewoman

- Deeper dive into start up and sustainability, especially with larger organizations (i.e. funding continued programs/participation/books)
- Getting organizations to pay for books is quite a barrier. I would really like to see ways to NOT involve the books in the program. We are competing with many vendors and it's hard to show the cost of books as a value.
- How best to recruit participants
- The cost associated with implementing this program if any. How much are partners paid to facilitate the program. As an HBSS how much are partnering agencies reimbursed if a woman completes the program.
- How to integrate WWE (cost) with our CDC 1815 funding or future cooperative agreements