

**STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS:
ARTHRITIS COMMITTEE
MINUTES
August 1, 2018
5:00 PM**

Maryland Department of Health
201 West Preston St, Room Rm 100
Baltimore, MD 21201

Committee Members Present

Jody Marshall (chair)
Rebecca Manno
Rachel Pigott
Margaret Gwaltney (by phone)
Linda Kline (by phone)

Committee Members Absent

Donna Nordstrom

Committee Staff Present

Sadie Peters

Minutes submitted by: Sadie Peters

Introductions

- The meeting was called to order at 5:10pm by Jody Marshall.
- Committee members introduced themselves.
- Ms. Marshall presented the objectives for the meeting:
 - To review the goals decided at the last meeting and begin the action planning process, starting with identifying and articulating at least one measurable priority for the year.

Minutes

- Ms. Marshall asked if there were any changes to the May 2, 2018 meeting minutes. As there were no changes, following a motion to approve by Ms. Pigott, which was then seconded by Dr. Manno, all Committee members voted in favor of approving the May 2 minutes.
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Committee Goal Statements

- Ms. Marshall reviewed: at the last meeting, the Committee decided on two goal statements (currently in draft form) to guide the work this year:
 - Primary Goal for 2018: **increase awareness of evidence-based programs/interventions and resources to improve prevention and self-management of arthritis.**
 - Secondary Goal for 2018: **“Increase behaviors and healthy habits that positively address arthritis.”**

Discussion

Ms. Marshall walked the group through preliminary Primary Objectives, Strategies, and Activities the Committee could possibly pursue under the Primary Goal **“increase awareness of evidence-based programs/interventions and resources to improve prevention and self-management of arthritis.”** These included a possible priority objective to survey clinical providers to assess their awareness of arthritis-related programs, with strategies to create and

distribute the survey further broken down into activities that would be suitable to accomplish those strategies.

- The group then discussed the intent of both goals and debated both whether the Primary Goal was to increase awareness or to increase participation, and the need to measure awareness and participation from a baseline.
- Ms. Marshall suggested that with a baseline for awareness, we could then encourage participation. There was general consensus that many clinical providers do not know enough about available resources to support patients with arthritis, so do not routinely share these resources with patients. Part of the work is to increase awareness and get information out to providers, but an important aim is also to increase participation in evidence-based programs.
- Ms. Marshall noted [the previous Arthritis Council] put together an Arthritis Newsletter that is available already online in a database, Constant Contact. The database can be interrogated to find out if recipients clicked on and opened the document. This might be an avenue for assessing a baseline for awareness.
- Ms. Gwaltney introduced the idea of working through established partners, like the Arthritis Foundation, that would be able to put an awareness campaign through their distribution channels and reach large numbers of people. Committee members agreed, pointing out that physicians are only a small part of the target audience and the group should consider how else to reach people through senior centers, through the Lupus Foundation, through other community organizations, etc.
- Dr. Manno articulated the agreed upon modification of the Primary Goal as **“Increase awareness of and participation in evidence-based programs/interventions and resources to improve prevention and self-management of arthritis.”**

Priority Setting

- After discussion, the Committee members agreed to craft Priority Objective 1 about awareness, and craft Priority Objective 2 about participation.
- Ms. Gwaltney proposed asking the Maryland Department of Health (MDH), which already has working relationships with many community and academic partners, if we could get help identifying partners with whom we could work on increasing awareness and participation.
- Dr. Peters disclosed that MDH was not awarded the CDC 1813 Arthritis grant for which the Center for Chronic Disease Prevention and Control (CCDPC) applied in May. She said that MDH does indeed have a variety of partners, from the Arthritis Foundation to the Department of Aging, which superintends many of the community organizations providing many evidence-based programs/interventions for people with arthritis. She said the Committee could make use of those MDH contacts and partners to help achieve its goals.
- Dr. Manno and Ms. Pigott led discussion about making one objective be identification of the partners with a subsequent step of reaching out to these partners to get their help in disseminating information about evidence-based programs. There was discussion about the number of community partners and evidence-based programs to identify for promotion.
- Ms. Gwaltney noted that some programs seem to be geographically specific and may not be universally available. Dr. Peters suggested maybe the Committee look at the gaps in access to programs and use this data to inform the actions to increase participation. Ms. Marshall underscored that we need to evaluate the access issues—how accessible are programs for people who are not older/retired? How accessible are programs for people who work non-traditional hours? She suggested that the Committee first determine a baseline of programs,

community partners, program/resources, and current participation, then use that information to increase participation, reach out to partners, and use their distribution avenues to disseminate information. The first step (first Priority Objective) is to gather information.

- Dr. Peters noted that there are data available to the Committee. There are some statistics for evidence-based programs, like how many Tai Chi for Arthritis programs exist in Maryland, where they are, how many participants, etc. And since the Maryland Department of Health recently wrote a grant to the CDC to expand evidence-based programming for arthritis, we would be able to assist in figuring out how to establish baselines and how to measure achievements.

Next Steps

- Ms. Pigott suggested, and everyone agreed, to use Google docs or Drop Box to share documents in this planning process. Both are editable and Committee members could add to, and see, one another's comments.
- Ms. Marshall volunteered that Dr. Peters and she would put together some of the ideas discussed today and, within the next two to three weeks, rework the Action Template and distribute to the Committee members.
- The group agreed that if they received a draft of the Priority Objectives and some strategies in the next 2-3 weeks, they would be able to provide comments and contribute to the structure of the Action Plan Template. The group would also consider a conference call, if necessary, before the next full Wellness Council meeting.

Adjournment

- Ms. Marshall and Dr. Peters reminded everyone that the next Wellness Council meeting is scheduled for Oct 17, 2018. We would email everyone as soon as possible to reconfirm the date.
- Ms. Marshall moved to adjourn the meeting, and Dr. Manno seconded the motion. The meeting was adjourned at 6:02pm.