



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ARTHRITIS RELIEF FOR ALL

CDC ARTHRITIS PROGRAM  
NATIONAL GRANTEE  
OVERVIEW  
YMCA OF THE USA

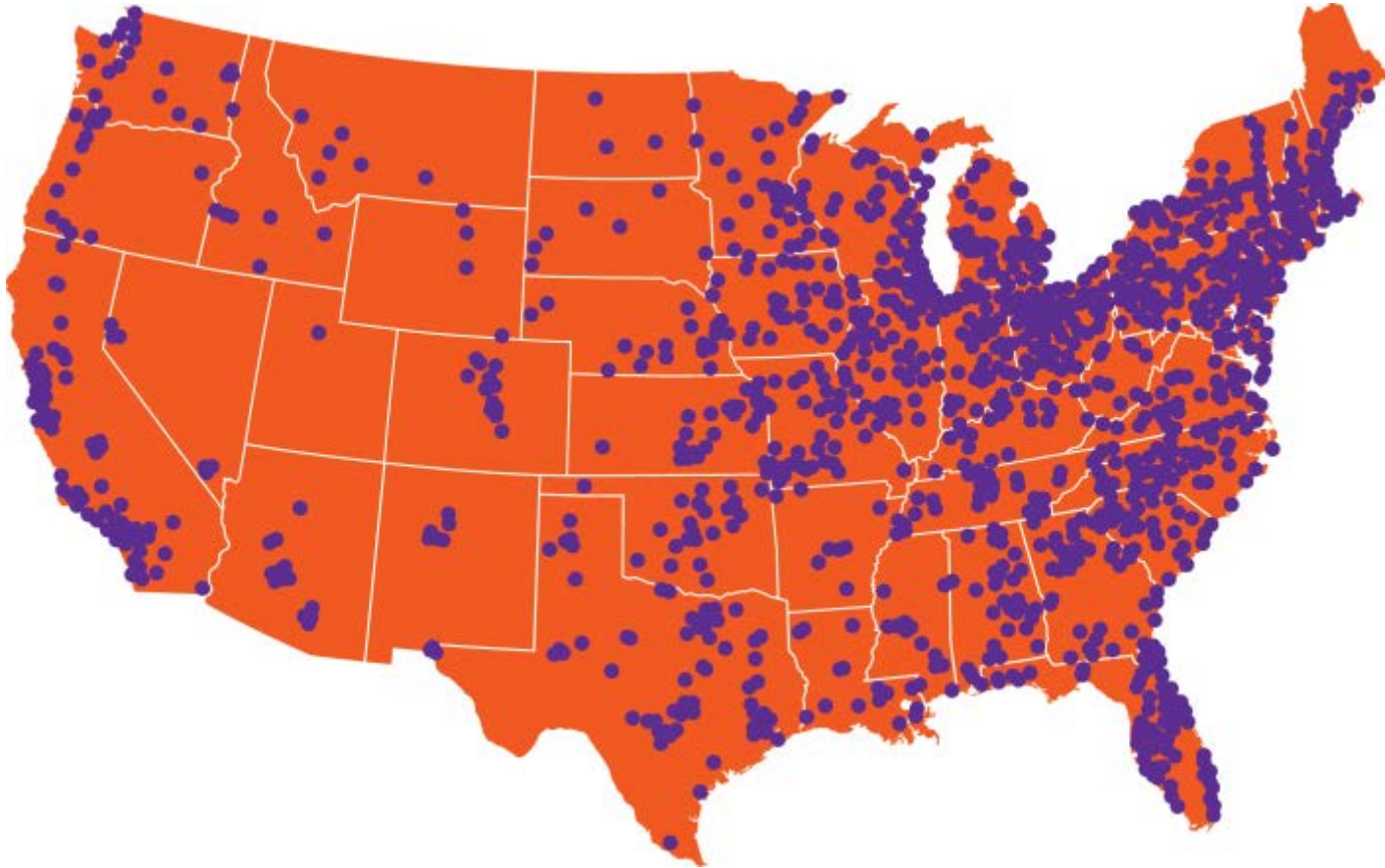


# OVERVIEW

1. THE Y
2. ENHANCE®FITNESS
3. CDC ARTHRITIS PROGRAM ACTIVITIES
4. OPPORTUNITIES TO CONNECT LOCALLY
5. QUESTIONS

THE Y

# 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

# THE Y'S HEALTHY LIVING FRAMEWORK



Impacting  
**INDIVIDUALS**



Impacting  
**FAMILIES**



Impacting  
**ORGANIZATIONS**



Impacting  
**COMMUNITIES**

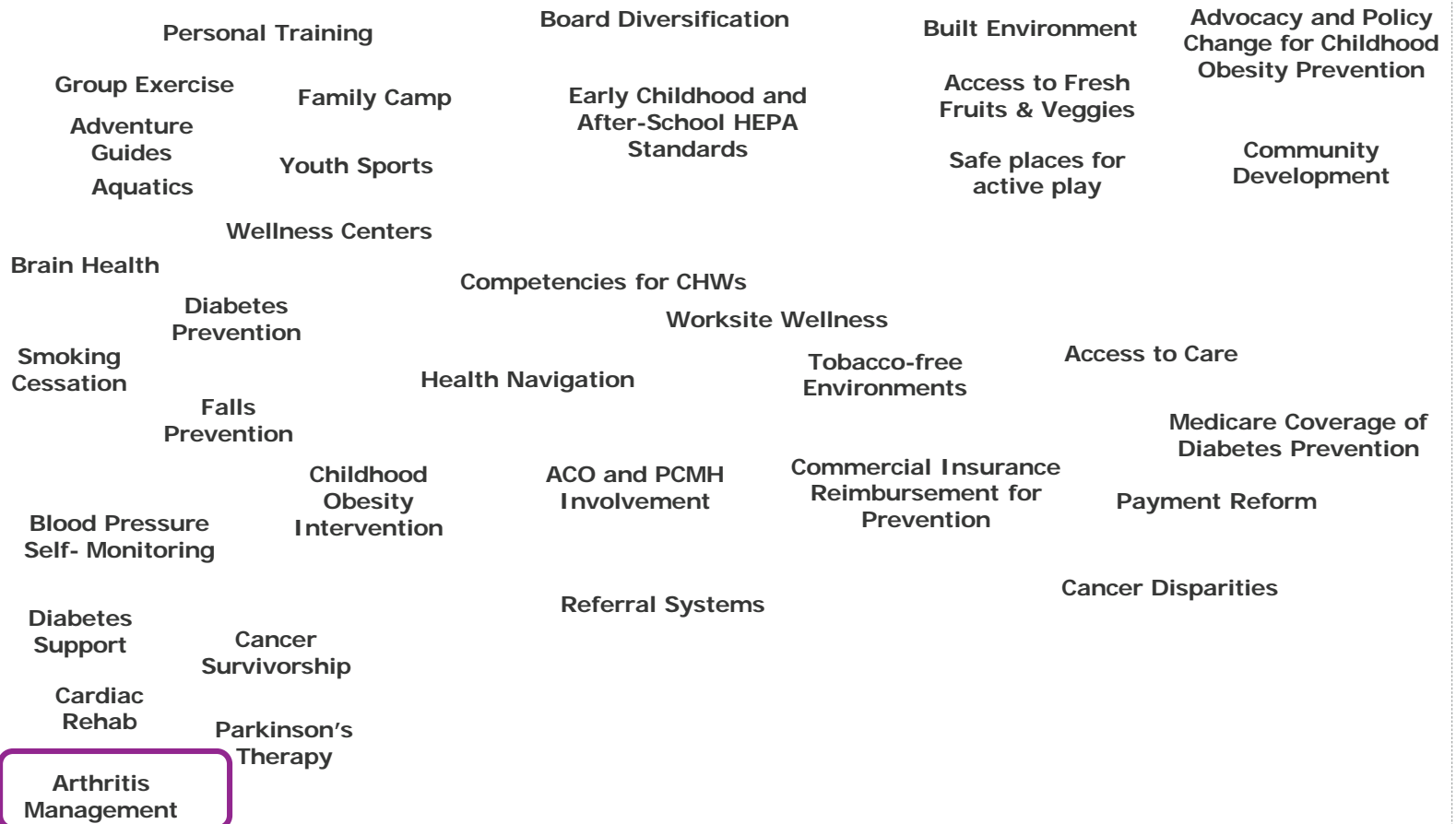


Impacting  
**SOCIETY**

To  
**PROMOTE  
WELLNESS**  
(Primary)

To  
**REDUCE  
RISK**  
(Secondary)

To  
**RECLAIM  
HEALTH**  
(Tertiary)



# ENHANCE® FITNESS OVERVIEW

# ENHANCE®FITNESS

## 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.



# PROGRAM COMPONENTS



## Evidence-based Curriculum:

- Land-based group exercise for older adults
- 16-week (or ongoing) program
- 3 60-minute classes per week
- Specific class content
- Opportunities for socialization
- Fitness assessment every 4 months
- Class management and consistent data collection through ODES
- Recruitment of target population
  - Referral relationships with health care providers



# DELIVERING OUTCOMES AT SCALE: FALLS PREVENTION/ARTHRITIS SELF-MANAGEMENT



## PROGRAM REACH – AUGUST 2018

Number of Y associations offering the program	<b>241</b>
Number of states delivering the program	<b>45</b>
Number of EnhanceFitness sites 86% Y sites   14% non-Y sites	<b>429</b>
Number of certified instructors	<b>1,778</b>
Number of participants served	<b>27,363</b>

# WHY ENHANCE<sup>®</sup> FITNESS?

## It's evidence-based:

- **90%** participant retention rate<sup>1</sup>
- **13%** improvement in social functioning<sup>1</sup>
- **52%** improvement in depression<sup>1</sup>
- **35%** improvement in physical functioning<sup>1</sup>
- Significant improvements in fitness assessment results and self-rated health status<sup>2</sup>
- Participants had fewer hospitalizations<sup>3</sup> and **\$945** less in health care costs per year<sup>4</sup> than non-participants
- CDC-recommended arthritis intervention<sup>5</sup>



# CDC ARTHRITIS PROGRAM ACTIVITIES

# DP16-1606 – COMPONENT 1

Component 1: Expanding the delivery of AAEBIs and implementing environmental strategies

Objectives:

- Focus on expanding the delivery of the AAEBIs and implementing environmental strategies to support sustained access to AAEBIs
- In 5 years, grantees required to reach 50,000 adults with arthritis and/or associated activity limitations

# YEAR 2 SUMMARY

- Increased the number of Ys delivering EF by awarding 27 new Y sub-recipients. Including an increase in the number of Ys with the capacity to deliver EF by awarding Ys who have never delivered an evidence-based health intervention.
- Increased fidelity of Ys delivering EF to support long-term sustainability and data collection important for reimbursement by conducting 54 quality assurance observations.
- Increased the ability of all Ys delivering EF to support long-term sustainability and payor reimbursement by preparing Ys for third party claims reimbursement and protecting participant privacy.
- Increased the number of participants served with EF to reach 8,000\* new participants in year 2.

*\*Year 2 participant count is still be calculated*

# YEAR 3 ACTIVITIES

- Increase the number of Ys delivering EF by awarding 24 new Ys to launch the program.
- Increase fidelity of Ys delivering EF to support long-term sustainability and data collection important for reimbursement by analyzing data from previous quality assurance observations to produce summary report, conduct 8 quality assurance observations, develop new standards for local Ys around quality assurance observations and create mechanism for ongoing performance monitoring and reporting.
- Increase the ability of all Ys delivering EF to access Instructor training through increasing trainer workforce by 25 trainers and faculty and support the development of Enhance®Fitness Instructor training upgrade.

**OPPORTUNITIES  
TO CONNECT  
LOCALLY**

# POTENTIAL TO COLLABORATE

- Reach out to the Ys in your states/communities to see if they are interested in delivering EnhanceFitness to support arthritis management efforts. RFA for Ys should open in January 2019.
- Visit <http://www.ymca.net/enhancefitness> for a list of Ys currently delivering EnhanceFitness. Reach out to talk about coloration.
- While the purpose is arthritis management, EF has a growing evidence-base around falls prevention so consider ways in which you might expand the promotion of these types of services to other stakeholders.



# QUESTIONS

# FINAL PLUG

To learn more about how local Ys are working with clinical partners to increase counseling and referral for physical activity programs, join ***CDC's Arthritis Program Technical Assistance/Learning Community Webinar Series*** on November 28<sup>th</sup> at 1:30pm ET.

If you're not on the webinar list, reach out to Margaret Kaniewski at [mgk6@cdc.gov](mailto:mgk6@cdc.gov) for more details.



**THANK YOU**

# REFERENCES

1. Wallace JI, Buchner DM, Grothaus L, Leveille S, Tyll L, LaCroix AZ, & Wagner EH. "Implementation and effectiveness of a community-based health promotion program for older adults," *Journal of Gerontology: Medical Sciences* 53a, no 4 (1998): M301-M306.
2. Belza B, Shumway-Cook A, Phelan EA, Williams B, Snyder SJ, LoGerfo JP. "The Effects of a Community-Based Exercise Program on Function and Health in Older Adults: The EnhanceFitness Program," *Journal of Applied Gerontology* 25, no. 4 (2006): 291-306.
3. Ackermann RT, Williams B, Nguyen HQ, Berke EM, Maciejewski ML, & LoGerfo JP. "Healthcare cost differences with participation in a community-based group physical activity benefit for Medicare managed care health plan members," *The Journal of The American Geriatrics Society* 56, no 8 (2008) : 1459-1465.
4. The Centers for Medicare and Medicaid Services. *Report to Congress: The Centers for Medicare and Medicaid Services' evaluation of community-based wellness and prevention programs under section 4202 (b) of the Affordable Care Act* (2013). Washington: Government Printing Office.
5. The Centers for Disease Control and Prevention Arthritis Program. *Arthritis appropriate physical activity and self-management education interventions: A compendium of implementation information* (2012). Washington: Government Printing Office.