2024

Iowa Community HUB Landscape Assessment Report

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Scope and Reach of Arthritis Appropriate Evidence-Based Interventions (AAEBIs) in Iowa: A Landscape Assessment

Iowa Community HUB Landscape Assessment

"Advancing population health requires a shared commitment and the Iowa Community HUB is bringing key partners and providers together for this cause."

Background

A research team from the Iowa State University (ISU) Translational Research Network (U-TuRN) developed and distributed the "*Iowa Community HUB Landscape Assessment*" survey in collaboration with Iowa State Extension and Outreach (ISEUO) and leaders from various organizations affiliated with the Iowa Community HUB. The assessment was conducted as part of a statewide initiative focused on improving access and addressing health disparities in arthritis care in Iowa. [1] The project is funded through a specific multi-component cooperative agreement with the Centers for Disease Control and Prevention (CDC) - *State Public Health Approaches to Addressing Arthritis* (CDC-RFA-DP-23-0001). [2] Consistent with the focus on arthritis, the specific goal of the assessment was to assess the strengths, resources, and needs to support the statewide dissemination of Arthritis Appropriate Evidence-Based Interventions (AAEBIs) in Iowa.

This brief report, developed in collaboration with the ISU Partnerships in Prevention Science Institute (PPSI), is designed to provide critical information regarding the scope and reach of AAEBIS and to also provide insights about the barriers and challenges involved in reaching those who are disproportionately affected by arthritis, such as those in rural counties / communities and those from traditionally underserved populations. The results are intended to summarize overall patterns across the state and to serve as a guide for the project team and the broader set of affiliated stakeholder organizations and partners that share a commitment to enhance arthritis care and fall prevention programming for older adults in Iowa. Additional details on the assessment will be summarized in a final manuscript that will be prepared on the results. Links to interactive maps based on the data will also be shared to enable additional exploration and visualization of the data. Individual-level responses are not reported, and all survey respondent information remains confidential.

For additional information or questions, please contact our U-TuRN group at uturn@iastate.edu.

Credits: Key members of the project team that contributed to the development and release of the Landscape Assessment include Greg Welk and Abbie Coniglio from the U-TuRN team, Trina Radske-Suchan and Renee Allard from the HUB team and Deb Sellers and Dawn Dunnegan from the ISUEO team. Key members from the research team that led the evaluation, processing and visualization of the data include Nick Lamoureux and Chris Seeger from U-TuRN and Cassandra Knutson from PPSI.

[1] Statewide Delivery of AAEBIs through a Community Hub Model: A Component A Project in Iowa - 1 NU58DP007476-01-00).
[2] The project was supported through funding by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS). The contents are those of the project team and do not necessarily represent the official views of, nor an endorsement by CDC/HHS or the U.S. Government.

Respondent Profile

One of the key goals of conducting the Landscape Assessment survey was to obtain information from all Iowa counties. At the time of analysis (for the purpose of this report), a total of 325 respondents completed the survey in full representing 83 out of Iowa's 99 counties. Approximately 49.5% of respondents selected that they work in, or serve, rural communities in Iowa, whereas 50.5% of respondents work in, or serve, urban communities.

The distribution of survey respondents is depicted in **Figure 1** with darker counties reflecting urban counties and lighter shaded counties reflecting rural counties.

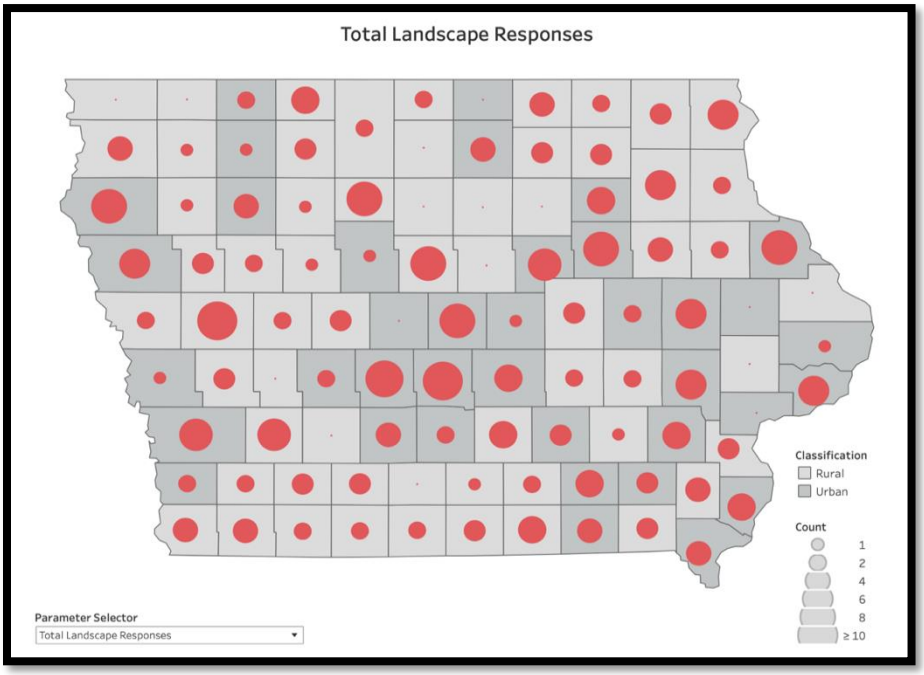

Figure 1. Distribution of Survey Respondents

Survey respondents were asked to report on the nature of their employment as well as the type of organization they work for, with, or through. In total, 91.4% of respondents work full-time for their organizations, 6.2% work part-time, and the remaining 2.4% represent respondents who identified that they are "self-employed", "retired", or "other" (e.g., semi-retired). The plot in **Figure 2** summarizes the primary types of organizations that the survey respondents are affiliated with.

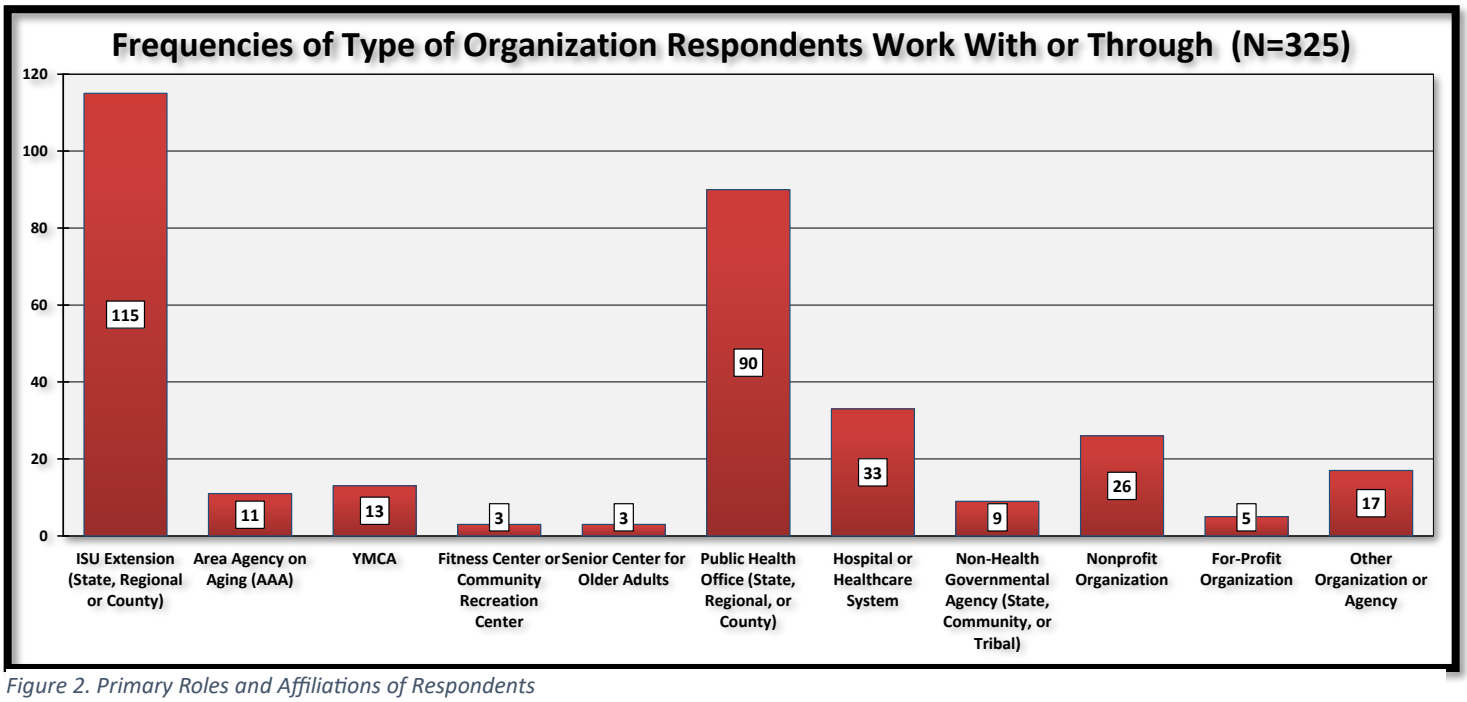

Figure 2. Primary Roles and Affiliations of Respondents

Respondent Roles & Perspectives on Health-Related Programming

The Landscape Assessment sought to capture perceptions from an array of stakeholders including those involved in program delivery and program management as well as public health leaders and individuals that facilitate or promote programming. Separate items were also included for clinicians to capture perspectives about priorities and considerations for referring patients into AAEBIs. A summary of the breakdown of the respondents that completed this item is provided in **Figure 3.**

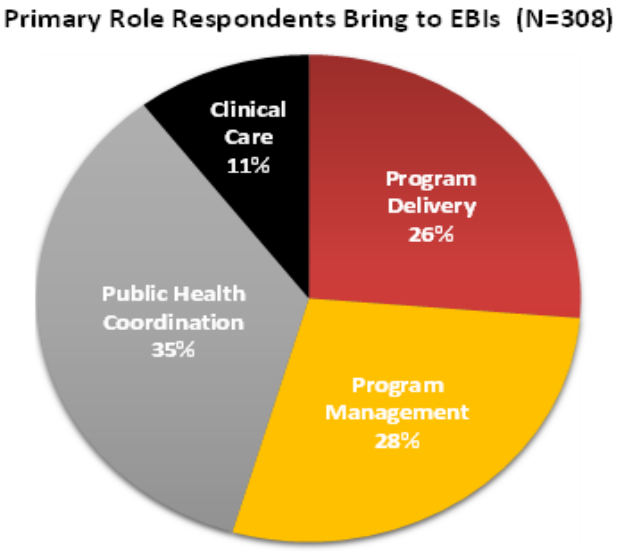

Figure 3. Breakdown of Respondents by Category

Respondents also provided responses to more specifically characterize the role they played within their organizations. The majority of respondents (42.5%) indicated that they were the Director/Administrator of their organization and another sizable percentage (22.2%) indicated that they played Program Manager/Coordinator roles. The remaining roles respondents identified included: Support Staff (5.5%), Clinician/Healthcare Provider (6.2%), Community Health Educator (5.2%), Exercise Program Leader (1.8%), Project Supervisor (1.5%), Health Coach/Personal Trainer (0.6%), and Other (e.g., Abuse Specialist, Healthcare Administrator, Childcare Consultant; 14.5%).

Analytic Segmentation for the Landscape Assessment

A primary goal of the Landscape Assessment was to identify the scope and reach of AAEBIs across the state. Many stakeholders may be informed about arthritis care and the importance of evidence-based programming, but not be familiar with the actual availability of AAEBIs in their community or county. Therefore, additional data segmentation was conducted to capture specific insights from individuals involved in the delivery or coordination of programming,

A total of 222 respondents (out of 325) responded "Yes" they were in a position to address coordination, promotion, or delivery of AAEBIs (50% from urban counties and 50% from rural counties). **Only data from those who answered "Yes" are included in the subsequent analyses on arthritis programming.**

Note: The Landscape Assessment included a separate section on fall prevention programming as frailty and risks of falls are also closely linked to arthritis. A separate report is being prepared to summarize the scope and reach of falls prevention programming to support related programming led by the Iowa Falls Prevention Coalition through the HUB.

A separate version of the Landscape Assessment was developed and re-distributed to more effectively target and reach clinicians and to capture more specific questions about facilitators and barriers for referrals.

Target Populations and Reach with Evidence-Based Interventions and Programs

Respondents who were positioned to comment on the coordination, promotion, and/or delivery of Evidence-Based Interventions (EBIs) at the county or community level were asked about the extent that their work targeted rural populations and older adults. The plot in **Figure 5** reveals that the majority of respondents served rural populations. The larger targeting of rural populations in rural counties (red bars) is expected but it is noteworthy that sizeable reach to rural populations is still evident in 'urban' counties (yellow bars), reflecting the fact that all counties in Iowa are near rural populations. The plot in **Figure 6** reveals relatively low prioritization or targeting of older adult programming but this likely varies by agency.

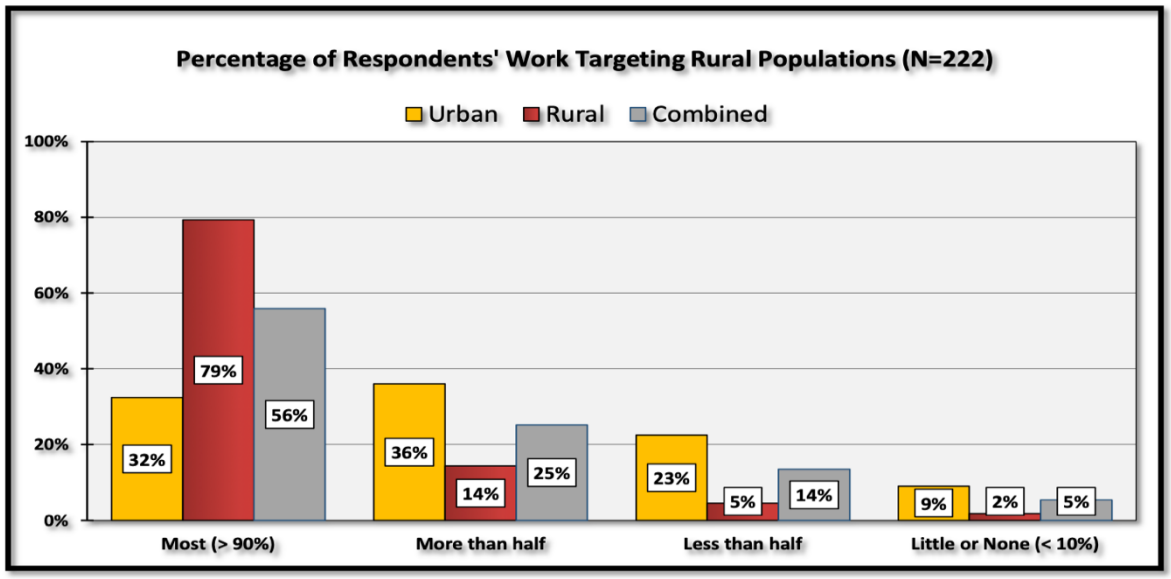

Figure 5: Frequencies of Responses for Targeting Rural Populations

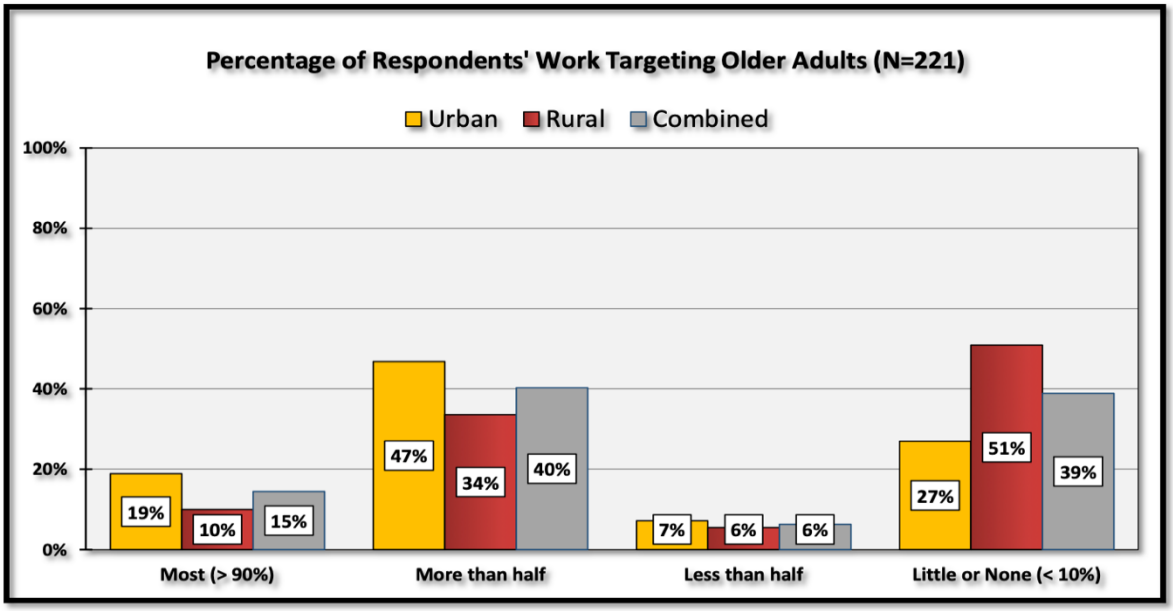

Figure 6: Frequencies of Responses for Targeting Older Populations

The respondents were also asked whether they work with at-risk or underserved population groups. The responses reflect a strong commitment to reach these populations. A few summary points are below:

- 67% reported that they work with "People from Racial and Ethnic Minority Groups."
- 88% with "People Experiencing Poverty, or Individuals with Low Income"
- 70% with "People with Disabilities"

Nature of Collaborations for Delivery of Programming

Respondents who were positioned to comment on the coordination, promotion, and/or delivery of EBIs at the county or community level were asked whether they collaborate with other organizations or agencies to promote, manage, or deliver programming.

The responses reveal that programming is conducted in collaboration with an array of partners across the state. The highest frequencies were observed for affiliations with hospitals and nonprofit agencies, but significant partnerships were evident with ISU Extension, Area Agencies on Aging, YMCAs, Community Fitness Centers, Senior Centers and Public Health Offices.

Responses were generally similar for respondents from urban and rural communities and counties with a few exceptions. Respondents from rural counties reported higher engagement with fitness centers or community recreation centers while respondents from urban counties reported higher engagement with YMCAs. The overall frequencies can be compared in **Figure 4**, but it is important to not draw inferences or conclusions from these comparisons as they are presently only provided for descriptive purposes.

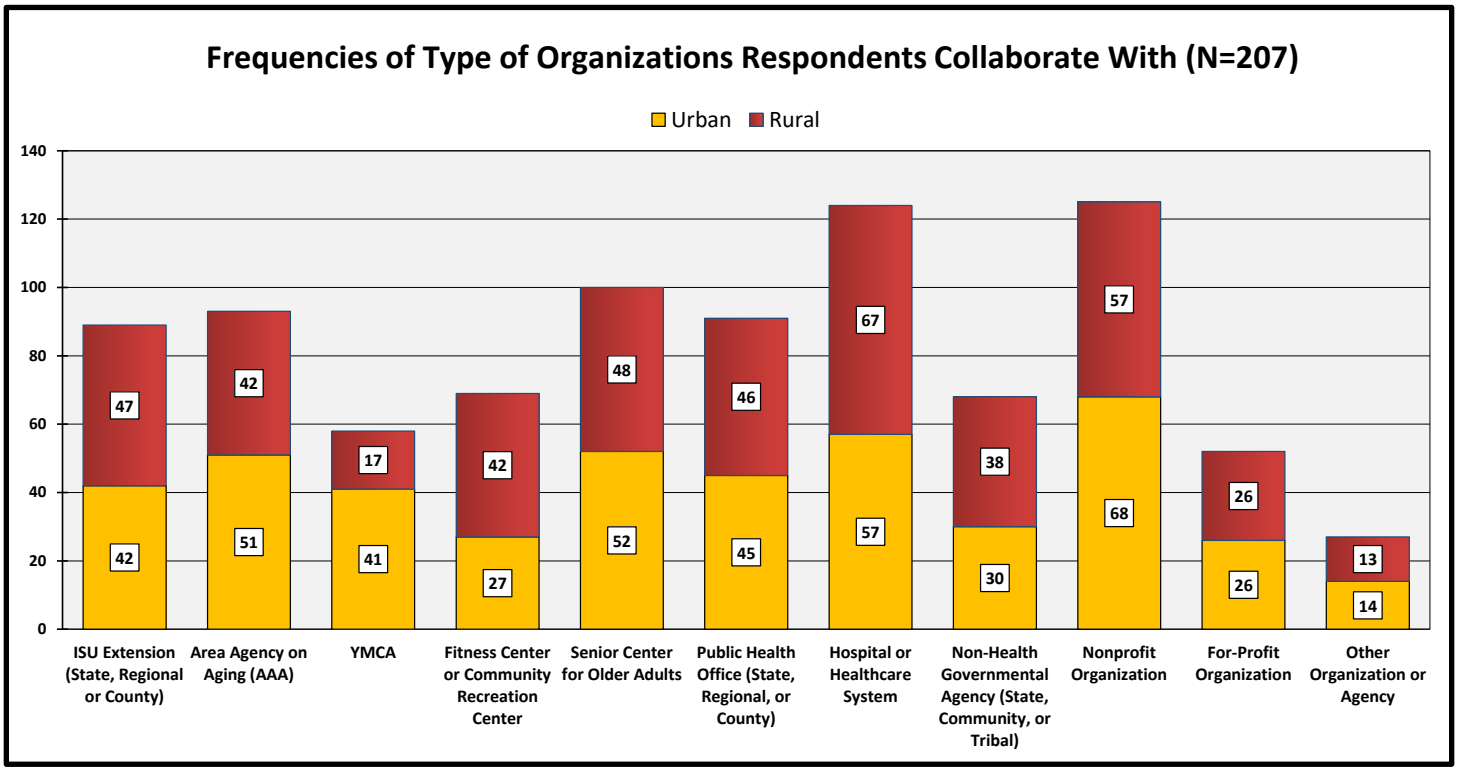

Figure 4. Reported Collaborative Partners for Respondents from Urban (Yellow) and Rural (Red) Counties

Scope and Reach of Arthritis Appropriate Evidence-Based Interventions (AAEBIs)

The Landscape Analyses was specifically focused on capturing the availability of AAEBIs in the state and in understanding if patterns vary between urban and rural counties. This section includes responses from questions concerning familiarity, gaps, and reach concerning the awareness, availability, and reach of AAEBIs within the state. This section of questions was intended to identify what gaps exist currently in the state with the expectation of using the shared perspectives to improve efforts to expand programming and reach rural populations, as well as those individuals at greatest risk.

There are currently 23 recognized AAEBIs that are effective in preventing and managing arthritis, broadly split into physical activity programs and self-management education programs. Information was captured on all of them to capture overall exposure, but more specific questions were used to capture three specific AAEBIs that have been prioritized in the Component A project: Walk with Ease, Tai Chi for Arthritis and Falls Prevention (TCAFP), and Better Choices, Better Health (also known as Chronic Disease Self-Management Program (CDSMP). In each section, direct comparisons are made between urban and rural counties since addressing rural disparities in arthritis care is one of the primary goals of the project.

Walk with Ease

Developed by the Arthritis Foundation, the Walk with Ease (WWE) program is a community-based physical activity and self-management education program. While walking is the central activity, WWE is a multi-component program that also includes health education, stretching and strengthening exercises, and motivational strategies.

Respondents in this subset of the Landscape Assessment were asked to indicate whether the WWE program is (or was) available in their community or county with available options of “Yes”, “Not Sure”, or “No”. The maps provided below show a comparison of respondent reports of whether the Walk with Ease (WWE) program is available (or was), or is not available, in their community, or county, mapped by where the programs are reported to be available in the state. Note that some counties may show WWE as both available and not available, highlighting differences in awareness of program availability or history in the county. The darker

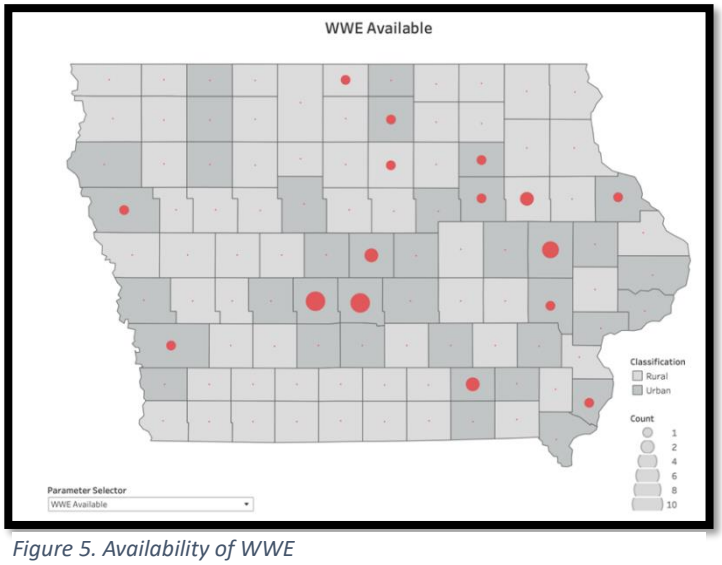

Figure 5. Availability of WWE

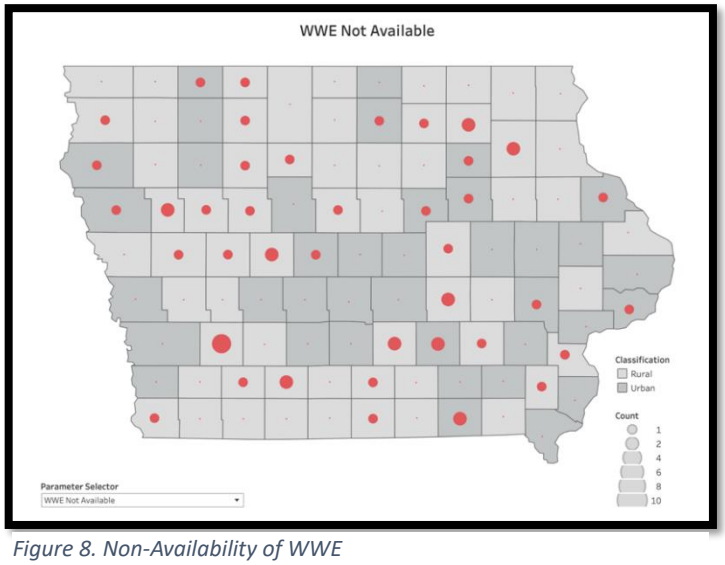

Figure 8. Non-Availability of WWE

shaded areas of the state are urban areas, whereas the lighter areas are classified as rural. Reports of program availability is shown on the left (**Figure 7**), and reports of not available is shown on the right (**Figure 8**).

Tai Chi

Tai Chi for Arthritis and Falls Prevention (TCAFP) helps people with or without arthritis to improve balance to reduce the rate of falls. TCAFP combines slow movement, deep breathing, and focused attention to help people improve strength, balance, and posture.

Respondents were asked to indicate whether the Tai Chi program is (or was) available in their community or county with available options of "Yes", "Not Sure", or "No". The maps provided below show a comparison of respondent reports of whether the Tai Chi program is available (or was), or is not available, in their community, or county, mapped by where the programs are reported to be available in the state. Note that some counties may show Tai Chi as both available and not available, highlighting differences in awareness of program availability or history in the county The darker shaded areas of the state are urban areas, whereas the lighter areas are classified as rural. Reports of program availability is shown on the left (**Figure 9**), and reports of not available is shown on the right (**Figure 10**).

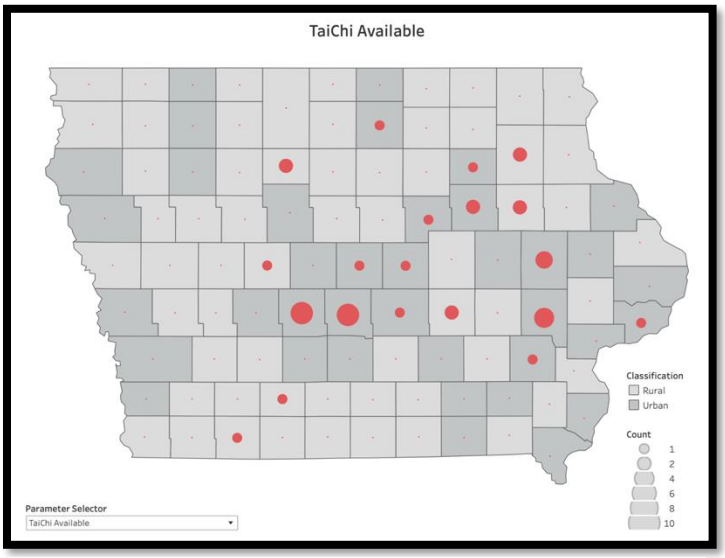

Figure 9. Availability of Tai Chi

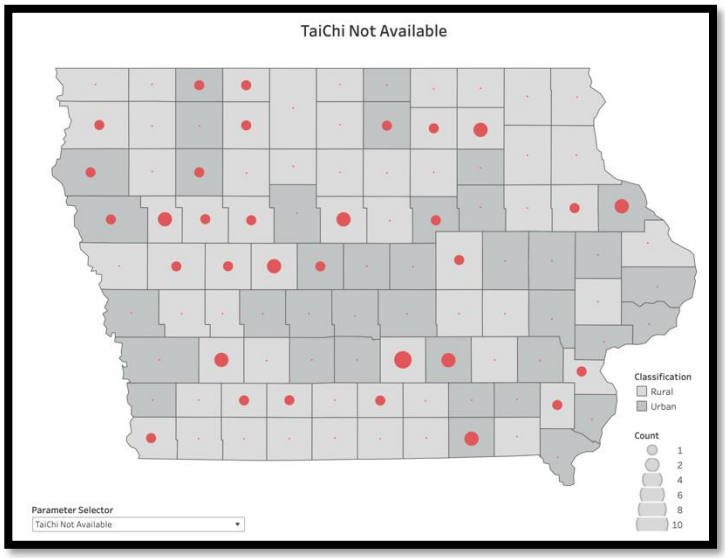

Figure 10. Non-Availability of Tai Chi

Better Choices, Better Health

Better Choices, Better Health (BCBH), also known as the Chronic Disease Self-Management Program (CDSMP), helps adults and caregivers manage the symptoms of chronic diseases, such as heart disease, arthritis, diabetes, depression, asthma, bronchitis, emphysema, and any other physical and mental health conditions.

Respondents were asked to indicate whether the BCBH program is (or was) available in their community or county with available options of "Yes", "Not Sure", or "No". The maps provided below show comparison of respondent reports of whether the BCBH program is available (or was), or is not available, in their community, or county, mapped by where the programs are reported to be available in the state. Note that some counties may show BCBH as both available and not available, highlighting differences in awareness of program availability or history in the county The darker shaded areas of the stated are urban areas, whereas the lighter

areas are classified as rural. Reports of program availability is shown on the left (**Figure 11**), and reports of not available is shown on the right (**Figure 12**).

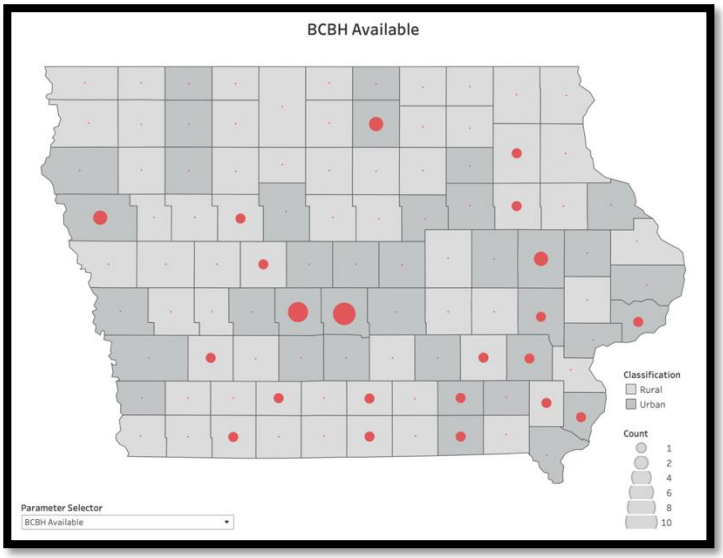

Figure 11. Availability of Better Choices / Better Health

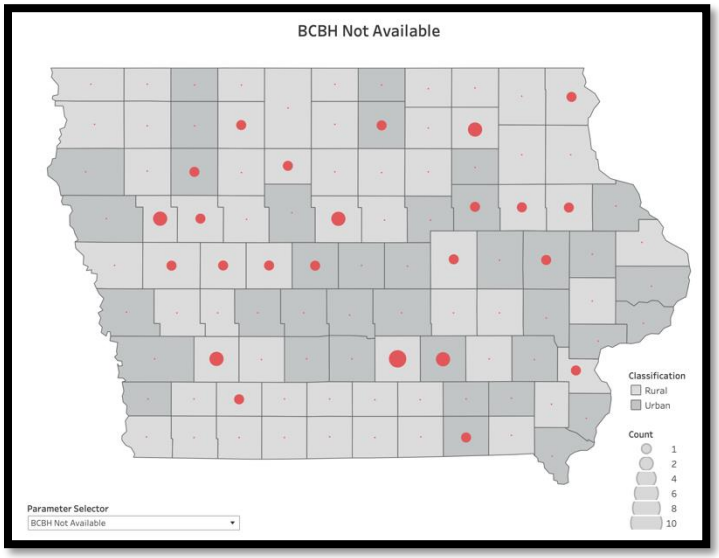

Figure 12. Non-Availability of Better Choices / Better Health

Role-Specific Perspectives Regarding Barriers and Facilitators to AAEBIs

Perceptions Related to RE-AIM Constructs

Respondents were asked a set of questions regarding overall perceptions related to delivering evidence-based interventions. Questions were framed using generalized constructs from the established RE-AIM framework to capture perceptions related to Reach, Efficacy, Adoption, Implementation, and Maintenance. The RE-AIM framework is widely endorsed to help guide the dissemination of evidence-based programs into practice (see www.re-aim.org for details).

The U-TuRN team is working with the HUB to help build capacity in community settings to deliver programs. The associated PRISM model is emphasized in our training model so the results of the survey provide useful information to understand needs. A key goal was to understand differences in barriers between urban and rural regions so we can collectively work on strategies to overcome barriers and improve reach and effectiveness of programming across the state.

Respondents indicated their level of agreement to the following statements on a 5-point scale ranging from 1= strongly disagree, 5=strongly agree.

- For **Reach**, "Ability to reach and serve individuals in greatest need for programming."
- For **Efficacy**, "Capability to effectively deliver EBIs to achieve the intended impact."
- For **Adoption**, "Culture and the commitment to adopt new EBIs to address community needs."
- For **Implementation,** "Capacity and infrastructure needed to implement new EBIs."
- For **Maintenance**, "Potential to sustain the use of EBIs over time."

The plot in **Figure 13** reflects perspectives of Community-Based Organizations (CBOs) while the plot in **Figure 14** reflects perspectives of public health leaders regarding capabilities of organizations in their area, or region. The results below provide a preliminary view of these constructs. There were only minor differences in perceptions between respondents from urban areas (yellow) compared to rural areas (red) with regard to perceptions on these RE-AIM dimensions; however, other patterns were evident between categories of respondents. Individuals categorized as CBOs delivering programs tended to have lower ratings regarding Reach and Efficacy of programs compared to public health leaders or others categorized as non-CBOs. In contrast, CBO ratings were more favorable for organizational perspectives related to the ability to implement and maintain programming over time than non-CBOs. Additional analyses are required to identify gaps or to explain some of the patterns.

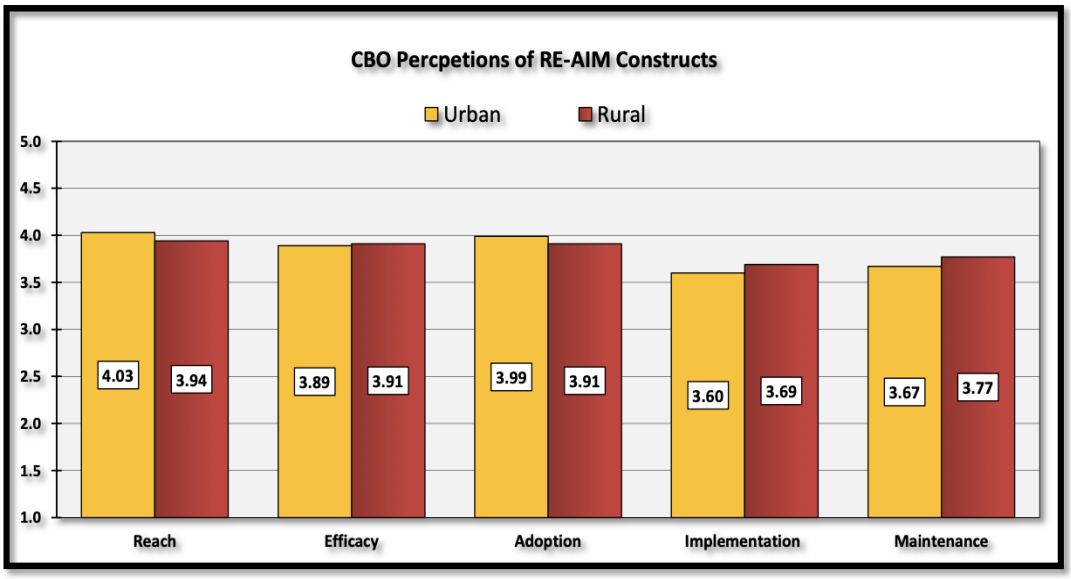

Figure 13. Mean Responses for Items Focused on Perceptions of RE-AIM Constructs by CBOs.

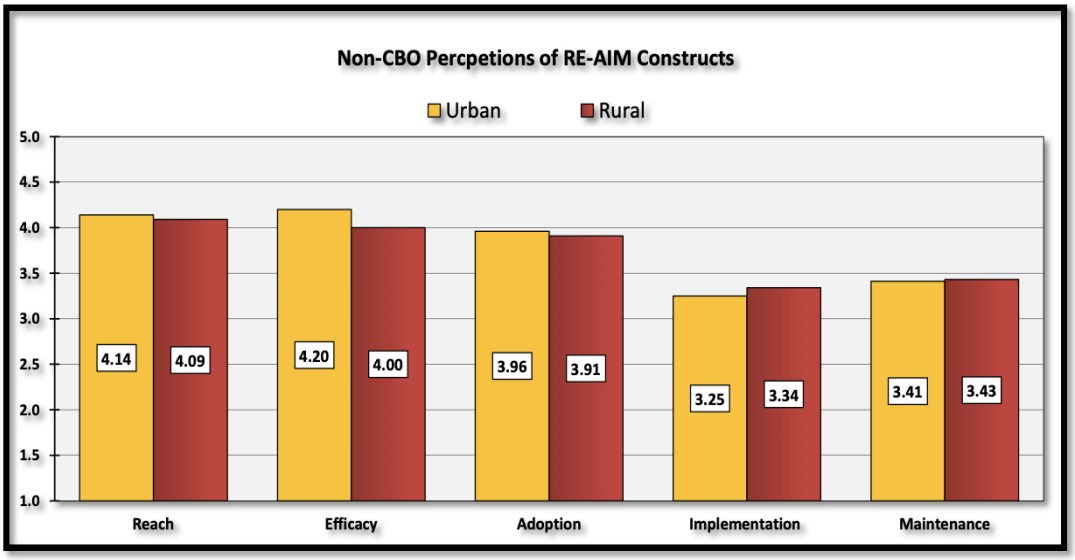

Figure 14. Mean Responses for Items Focused on Perceptions of RE-AIM Constructs by Non-CBOs.

Perceptions Related to Organizational/Environmental Barriers and Facilitators

Respondents were asked a set of questions regarding barriers and facilitators for the delivery of evidence-based interventions. Respondents indicated their level of agreement to the following statements on a 5-point scale ranging from 1= strongly disagree, 5=strongly agree.

- For **Personnel**, "We have strong leadership support and positive organizational culture" and "We have enough dedicated staff positioned to lead programs."
- For **Delivery**, "We have access to and support for training and professional development related to delivering EBIs" and "We have efficient access to our target audience."
- For **Environment**, "We have access to an onsite location for in-person programming", "We can offer virtual or online programs", and "We have partnerships and collaborators with other organizations in our community."
- For **Barriers**, "We are able to address language and cultural barriers in our programming", "We are able to address barriers related to social determinants of health", and "We are able to address barriers related to physical disabilities or cognitive impairments in our programming."

The plot in **Figure 15** reflects perspectives of Community-Based Organizations (CBOs) while the plot in **Figure 16** reflects perspectives of public health leaders regarding capabilities of organizations in their area, or region. The mean scores were similar for both, but some differences were evident in perceptions of CBOs and non-CBOs that worked in rural settings vs those that worked in urban settings. The present results are provided only for descriptive purposes.

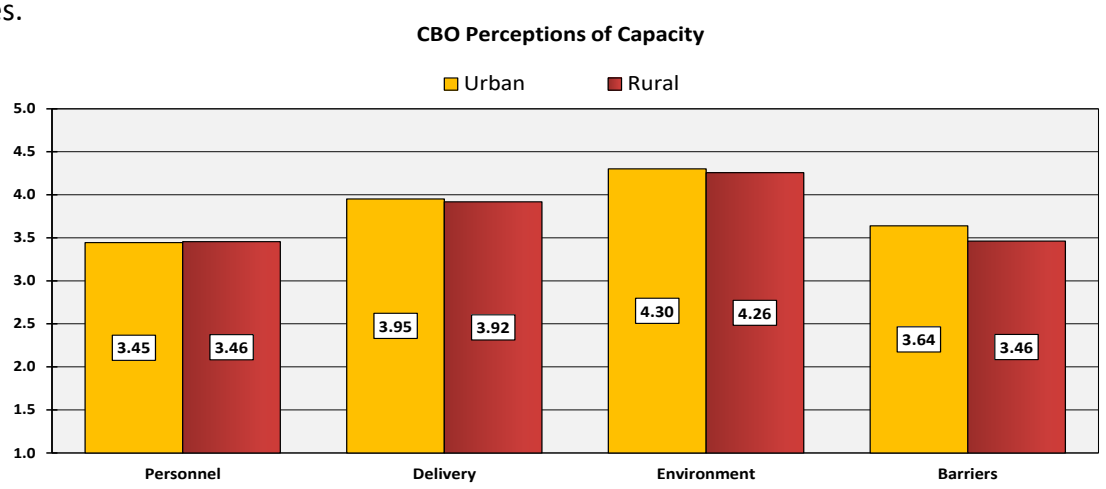

Figure 16. Mean Responses for Items Focused on Perceptions of Capacity by CBOs

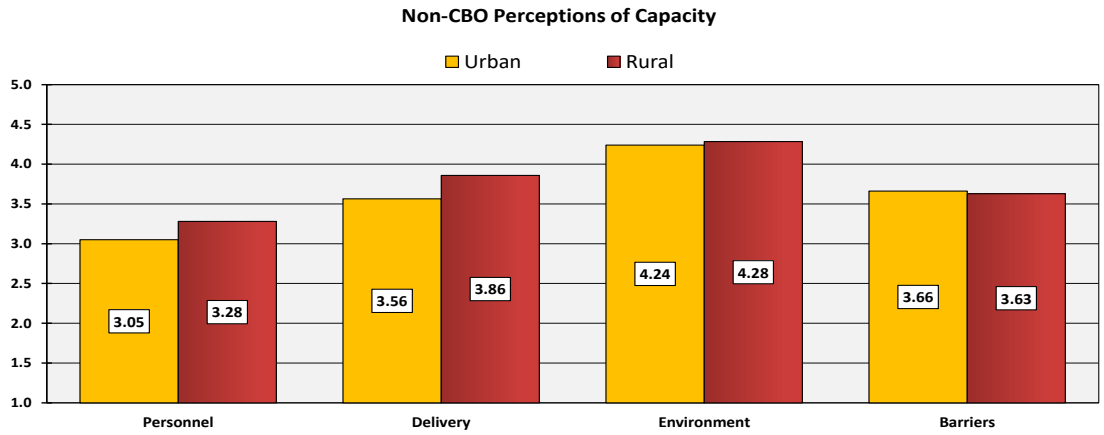

Figure 16. Mean Responses for Items Focused on Perceptions of Capacity by Non-CBOs

Key Takeaways

The Landscape Assessment is a key component of the ongoing 5-year (CDC-funded) project which will help to advance arthritis and fall prevention programming across the state. The results provide a baseline to build from as we collectively work to increase access to AAEBIs and to promote clinical screening and patient referrals into these programs. In addition to capturing information about the scope and reach of programming, the survey provided insights about needs and gaps in awareness, education, capacity and support for programming that we will collectively work to address. The survey enabled respondents to share interest in the overall activities of the Iowa Community HUB and to also express interest in training to deliver some of the priority AAEBIs currently targeted in the project (Walk with Ease, Tai Chi and Better Choices / Better Health).

The integrative maps and comparisons of rural and urban patterns provide unique insights that are also important in improving the public health infrastructure in Iowa. The focus of the Landscape Assessment was on the delivery and/or promotion of AAEBIs, but the patterns and issues are likely evident for other evidence-based interventions across our state. The Landscape Assessment also included a specific section on fall prevention programming as there are well documented synergies between fall risk programming and arthritis programming. A separate report will be prepared with these results; however, we encourage efforts to synergize and harmonize programming on fall risk and arthritis care. Promoting awareness of fall risk and facilitating fall risk screening in clinical and community settings are key strategies to promote enrollment in evidence-based fall prevention programs – many of which are also AAEBIs.

The Landscape Assessment also includes perspectives from clinicians regarding barriers and needs to facilitate referrals of patients. A separate version of the Landscape Assessment will provide complementary insights on how to increase and support clinical referrals. The Iowa Community HUB is at the core of all these efforts. It provides a unified and integrated structure that addresses the needs of clinicians and healthcare systems as well as the needs of those in community-based agencies that coordinate or deliver evidence-based programs. The HUB is ideally positioned to simultaneously increase clinical referrals for evidence-based programs while also building the capacity in community agencies to deliver and support these programs.

We can do more when we do it together!

Thanks for your continued interest and support for the Iowa Community HUB and the CDC-funded Component A project that is supporting some of this work *(Statewide Delivery of AAEBIs through a Community Hub Model: A Component A Project in Iowa* - 1 NU58DP007476-01-00*).*

This report was developed in collaboration with the Partnerships in Prevention Science Institute (PPSI). PPSI is a multidisciplinary nonprofit research institute housed in the College of Human Sciences at Iowa State University. For more information, please visit our website: https://ppsi.iastate.edu

Partnerships in Prevention Science Institute