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WISCONSIN ARTHRITIS ACTION PLAN

WISCONSIN
ARTHRITIS
PROGRAM

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INTRODUCTION

Arthritis has become one of the most challenging and pressing public health problems due to the aging population and the dramatic increase in overweight and obesity. Arthritis is the leading cause of disability and functional limitation trailing only heart disease as the leading cause of work disability.

Arthritis generally refers to over one hundred diseases and conditions affecting the joints, surrounding tissues and muscles that cause pain, stiffness, and swelling. These conditions include osteoarthritis, rheumatoid arthritis, lupus, gout, fibromyalgia, and bursitis.

In Wisconsin, more than 27% of adults aged 18 years and older (1.1 million) reported that they have some form of arthritis during 2003-2007. Wisconsin's prevalence rate is similar to that of the U.S. rate of 26%. Although arthritis affects both men and women, women have higher prevalence rate. During 2003-2007 about 31% of Wisconsin women (647,000) reported arthritis in comparison to 24% of Wisconsin men (484,000). Overall, more women than men have osteoarthritis. Not all types of arthritis are more common in women; more men have gout.

Adults who are overweight or obese are more likely to have arthritis than those of normal weight. In Wisconsin 33% of those who were obese reported they also had arthritis compared to 20% without arthritis.

Over 50% of adults with diabetes and heart disease also have arthritis. Arthritis can complicate management of these chronic diseases by presenting barriers to a healthy lifestyle, such as pain during physical activity.

ARTHRITIS RISK FACTORS

Modifiable Risk Factors

- Overweight and Obesity
- Physical Inactivity
- Poor Nutrition
- Sports and Occupational Injury
- Poor Joint Mechanics
- Social Determinants of Health
- Smoking

Non-Modifiable risk Factors

- Age
- Gender
- Genetic Predisposition
- Congenital Malformation

The Wisconsin Arthritis Action Council has developed this state strategic plan to address these facts on arthritis in our State. This five year plan outlines our goals, objectives and activities to improve the quality of life for people with arthritis in Wisconsin.

FOCUS AREA ONE: DATA COLLECTION, SURVEILLANCE, AND EVALUATION

GOAL 1: Monitor the impact of arthritis in Wisconsin.

GOAL 2: Monitor existing and new indicators for improving the lives of people with arthritis in Wisconsin.

FOCUS AREA TWO: PROMOTE INCREASE ACCESS AND USE OF INTERVENTIONS

GOAL 1: Increase awareness and participation in evidence based programming.

FOCUS AREA THREE: SUPPORT POLICY AND DECISION MAKING TO ADDRESS ARTHRITIS

GOAL 1: Impact the lives of people with arthritis through policy and systems change.

FOCUS AREA FOUR: WORK IN COLLABORATION WITH OTHER CHRONIC DISEASE PROGRAMS, PARTNERS, COALITIONS, AND STRATEGIC PLANNING EFFORTS

GOAL 1: Partner to address chronic conditions in Wisconsin.

A LOOK AT CO-MORBID CONDITIONS

- 61% of people with cardiovascular disease also have arthritis
- 60% of people with diabetes also have arthritis
- 40% of people with arthritis are overweight
- 33% of people with arthritis are obese
- 45% of adults that are physically inactive have arthritis

PROGRAM INTEGRATION

The Wisconsin Arthritis Program is organizationally linked with other resources in the Department of Health Services (DHS). The Arthritis Program is one of eight state categorical chronic disease programs that actively work to fulfill a Chronic Disease Prevention and Health Promotion Program Integration Demonstration Project. A culture of collaboration established among the following programs:

- Arthritis Program
- Asthma Program
- Comprehensive Cancer Control
- Diabetes Prevention and Control Program
- Heart Disease and Stroke Program
- Nutrition and Physical Activity Program
- Minority Health Office
- Tobacco Prevention and Control Program

FOCUS AREA ONE

FOCUS AREA ONE:

DATA COLLECTION, SURVEILLANCE AND EVALUATION

GOAL ONE: Monitor the impact of arthritis in Wisconsin.

Collecting reliable and accurate data is critical to appropriately address the needs of people with arthritis on a state and local level. To measure the occurrence and impact of arthritis helps establish priorities for public health. Information like who is affected, who is at risk, what health behaviors increase that risk, which occupations and activities increase that risk, and how the disease affects a person's quality of life and economics is helpful to our efforts.

Objective One: By 2014, Improve and expand arthritis surveillance to assess the burden of arthritis, guide policy changes and monitor progress.

» **Strategy One: Increase** capacity of statewide surveillance to improve collection and quality of arthritis related information.

Activities:
- Continue to develop periodic surveillance reports to document status of arthritis in the state.
- Continue to quantify arthritis prevalence among vulnerable populations.
- Increase access to arthritis-related data.
- Increase use of accurate arthritis-related information, including co-morbidities, to health professionals, the public, partners, and decision makers for program planning and policy development.

» **Strategy Two: Incorporate** evidence based programming into arthritis-related surveillance.

Activities:
- Expand surveillance to include *Living Well with Chronic Conditions* (Chronic Disease Self-management Program) and Arthritis Foundation Exercise Program reports to document interventions reaching persons with arthritis in the state.
- Integrate health communication campaign information into arthritis-related surveillance.

GOAL TWO: Monitor existing and new indicators for progress towards improving the lives of people with arthritis in Wisconsin.

Critical to identifying how successful we are in improving the lives of people with arthritis in Wisconsin is establishing a way to track activity towards meeting this goal. The success of this plan requires partnerships with hospitals, health professionals of all disciplines, professional associations, public health, educational institutions, state and local governments, elected officials, community-based organizations, corporations, small businesses, churches, and people with arthritis. The Wisconsin Arthritis Action Council strives to establish a way to monitor individual and collective efforts and evaluate the impact of these efforts on key indicators for arthritis and in meeting state and national Healthy People Objectives.

Objective One: By 2014, Improve and expand evaluation to track progress towards statewide plan goals and objectives by utilizing measurable indicators.

» **Strategy One: Establish** measurable indicators to track Arthritis Statewide Strategic Plan progress.

Activity:
- Continuously monitor progress of the implementation of the state strategic plan.

» **Strategy Two: Monitor** new 2008 Arthritis Chronic Disease Indicators.

Activity:
- Establish baseline and continue to monitor and report for all 8 indicators.

ARTHRITIS INDICATOR	HEALTHY PEOPLE OBJECTIVE
Arthritis Indicator #1. Activity limitation due to arthritis among adults aged >18 years	Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms.
Arthritis Indicator #3. Physical inactivity among adults aged >18 years with arthritis	No Healthy People Objective
Arthritis Indicator #4. Arthritis among adults aged >18 years who are obese	No Healthy People Objective
Arthritis Indicator #5. Arthritis among adults aged >18 years who have diabetes	No Healthy People Objective
Arthritis Indicator #6. Arthritis among adults aged >18 years who have cardiovascular disease	No Healthy People Objective
Arthritis Indicator #7. Fair or poor health among adults aged >18 years with arthritis	No Healthy People Objective
Arthritis Indicator #8. Adults aged >18 years with arthritis who have taken a class to learn how to manage arthritis symptoms	Increase the proportion of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition.

FOCUS AREA TWO

FOCUS AREA TWO:

PROMOTE INCREASE ACCESS AND USE OF INTERVENTIONS

GOAL ONE: Increase awareness and participation of evidence based programming.

A significant portion of the population remains largely uninformed on methods of preventing further deteriorating effects or arthritis and ways to self manage one's conditions. Wisconsin needs to pursue a variety of strategies to inform its citizens about arthritis prevention, treatment, and evidence based resources. Many physicians and other health professionals need additional training for the treatment of people with arthritis. A strong effort to educate health professionals on the available resources and evidence based programming is needed.

Objective One: By 2014, assure the implementation and coordination of effective, integrated education, prevention and intervention programs that emphasize programs proven to be effective.

» Strategy One: Promote evidence based programming.

Activities:

- Utilize social marketing efforts and promotional materials to market *Living Well* and the Arthritis Foundation Exercise Program to encourage participation of persons with arthritis in evidence based physical activity and self management classes for relief of symptoms and increasing sense of control over arthritis.
- Explore and pilot approaches to assist health care professionals, health care facilities, and health plan providers in Wisconsin to increase referral and resources for patients to evidence-based physical activity and self management programs.

» Strategy Two: Increase access to evidence based programming.

Activities:

- Increase the number of Arthritis Foundation Exercise and *Living Well* program trainers and leaders/instructors and expand the number and statewide distribution of sites that offer these programs
- Incrementally and substantially increase the number of people that complete the *Living Well* and/or the Arthritis Foundation Exercise Programs.
- Collaborate with professional associations and new partners in offering arthritis-related classes and/or programming and expand the base of community outreach to new populations otherwise not reached by the programs.

» Strategy Three: Utilize social marketing principles and tools to increase awareness of physical activity as a way to manage the pain associated with arthritis.

Activities:

- Increase the implementation and participation of communities in the "Physical Activity. The Arthritis Pain Reliever" and "Buenos Dias, Artritis" social marketing campaigns across Wisconsin.
- Support and promote the message, events, and educational opportunities that promote general physical activity as a tool for people with arthritis to use to improve their conditions.

» Strategy Four: Increase targeted communication to increase awareness of arthritis.

Activities:

- Work with partners to distribute arthritis prevention and secondary prevention messages to statewide networks of individuals with or at-risk of arthritis (e.g. elderly, youth, weight loss groups and networks of employer groups, through insurance companies, wellness groups).
- Promote and support the increase in the number of public forums, May Month activities, and ad hoc publications, interviews, and outreach opportunities to continue spreading the key public health messages for arthritis.

FOCUS AREA THREE:

SUPPORT POLICY & DECISION MAKING TO ADDRESS ARTHRITIS

GOAL ONE: Impact the lives of people with arthritis through policy and systems changes.

People with arthritis can be found in schools, worksites, healthcare, and the community. What we choose to do in terms of health behaviors is often defined by what our environments provide to us as choices. Making choices that impact our health can be influenced by organizational and state level policies. It is essential to know what policies exist to support healthy behaviors and analyze where changes can be made to influence choices that reduce the risk of arthritis and slow the progression of the disease.

Objective One: By 2014, support efforts to build state and local interagency alliances to raise awareness and transform systems on the health priorities that impact the field of arthritis through Healthy People 2020, Arthritis Related Objectives and Healthiest Wisconsin 2020 High Risk Objectives.

» Strategy One: Assist government, health care, schools, worksites, and communities in identifying gaps in existing formal and informal policies on the state and organizational level that affect the modifiable risk factors associated with arthritis.

Activities:

- Partner to increase opportunities for physical activity in general by working with communities on making the environment more accessible through walking, biking, and other traditional modes of transportation.
- Promote the evidence based interventions, *Living Well* and AF Exercise Program, as a benefit for health plan enrollees and a community resource offering for citizens through public health, aging networks, and other systems to attempt to insert self management into treatment plans.
- Promote worksite wellness best practices.
- Encourage and support efforts to work with physical education teachers and community recreational program leaders to regularly include injury prevention techniques before students engage in rigorous physical activity.

» Strategy Two: Collaborate with partners to assure the implementation of a coordinated effort to increase awareness and inform the public and policymakers that arthritis is a chronic condition with a significant public health burden and impact.

Activities:

- Utilize social marketing and a deliberate media plan to increase key public health messages about arthritis to increase the public's recognition that arthritis is an important chronic condition.
- Work with organizations that support advocates to provide burden, impact, and need case statements and publications to increase federal, state, and local elected officials and their staff's recognition of the importance of addressing policies and resources affecting Wisconsinites with arthritis.
- Pursue a variety of methods (e.g. direct mail, website, webcasts, newsletter, publications, presentations, etc.) to inform health care professionals about current research and resources available in the community for persons with arthritis.

FOCUS AREA FOUR:

WORK IN COLLABORATION WITH OTHER CHRONIC DISEASE PROGRAMS, PARTNERS, COALITIONS, AND STRATEGIC PLANNING EFFORTS

GOAL ONE: Partner to address chronic conditions in Wisconsin.

A majority of people with arthritis in Wisconsin have a co-morbid chronic condition. Many chronic conditions share the same risk factors. Sometimes the limitations of one condition can cause another condition to develop or worsen. For someone with arthritis, the pain and activity limitation associated with the disease can significantly impact the risk of getting another chronic condition or a person's ability to manage their prescribed care plan. Working with other chronic disease programs, partners, and coalitions can help focus efforts on health outcomes. Strategically addressing chronic conditions can allow for alignment of resources to maximize mutual benefits and foster effective and efficient partnership.

Objective One: By 2014, collaborate with other chronic disease programs and partners to promote the key public health messages that cross-cut the lifespan and diagnoses.

» Strategy One: Engage in cross-cutting activities and partnerships.

Activity:

Identify opportunities and link statewide efforts for people with arthritis with efforts provided by other chronic disease programs to be a resource for diagnosed, at-risk, and undiagnosed people with arthritis that have co-morbid conditions such as diabetes, heart disease, obesity, and asthma or modifiable risk factors such as tobacco use, poor nutrition, and physical inactivity.

ADDRESSING DISPARATE BURDEN

Certain groups of people are disproportionately affected by arthritis.

- While the prevalence of arthritis among African Americans is not different from Non-Hispanic/Whites and Hispanic/Latinos, arthritis symptoms have a more significant affect on reported disability, activity limitation, and quality of life.
- Hispanic/Latinos and Hmong face language barriers and unique issues related to access to healthcare.
- The prevalence of arthritis is significantly higher among women than men.
- Some professions like farming that require repetitive movement, heavy lifting, and other activities that could lead to occupational injury have a higher prevalence of arthritis than other professions that require little physical stress on the body.

POLICY FOCUS

The Wisconsin Arthritis Program has developed policy inventories of state policies that affect risk factors associated with arthritis. These documents are categorized by the following settings; Worksites, Healthcare, Schools, and Communities.

WORKSITES: Worksite health promotion, health education programs, employee health benefits, safe workplaces, and organizational policies to support healthy choices impact the overall health of a person.

HEALTHCARE: Health organizations and facilities play an integral role in prevention, treatment, and management of illness and the preservation of mental and physical well being through the services provided through health professionals.

SCHOOLS: Schools are designed to allow and encourage students to learn, under the supervision of teachers. Leadership, injury prevention strategies, and environmental changes that improve the opportunity for making healthy choices early in life can have a long term impact on our children's health.

COMMUNITIES: A community is like a large organization and if we are able to make changes to the built environment and provide resources that affect and sustain behavior it is possible to impact risk factors associated with arthritis and other chronic conditions.

PHYSICAL ACTIVITY. THE ARTHRITIS PAIN RELIEVER

Wisconsin has a successful record in social marketing to people with arthritis. The health communication campaign *Physical Activity. The Arthritis Pain Reliever* has been implemented in seven different counties since 2003. The campaign is a full print and media campaign developed by the Centers for Disease Control and Prevention (CDC). It was designed for state health departments and partners. In Wisconsin the campaign has been a collaborative effort between the state's public health Program for arthritis, the Wisconsin Arthritis Program and state partners including the Arthritis Foundation-Wisconsin Chapter, Wisconsin Division of Long Term Care, and the Wisconsin Arthritis Action Council. The collaboration and implementation work of the campaign mostly occurs on the local level through partnerships that include regional public health offices, local health departments, aging and disability resource centers, and a variety of local health professionals, businesses, community-based organizations and coalitions.

THE GENERAL GOALS OF THE CAMPAIGN AS STATED BY THE CDC ARE:

» Raise awareness of physical activity as a way to manage arthritis pain and increase function
» Increase understanding of how to use physical activity (types and duration) to ease arthritis symptoms and prevent further disability
» Enhance the confidence of persons with arthritis so they can be physically active
» Increase participation in physical activity

Campaigns in Wisconsin also strive to connect the message to local resources to allow for people to try different physical activities, participate in an evidence based exercise or self management course for people with arthritis and other chronic conditions, support increasing local infrastructure for leaders of evidence based programming, and making system and policy changes to influence health behaviors.

WORKSITE WELLNESS RESOURCE KIT

The Wisconsin Nutrition and Physical Activity Program created a tool to assist worksites with implementing strategies that have been proven to be effective. The kit provides information to implement a broad range of strategies or programming: some will require very little or no resources while other strategies may require considerable resources. The kit shows organizations ways to get started and make a difference in the health of their employees, regardless of the size of the worksite and its available resources.

EVIDENCE BASED PROGRAMS FOR PEOPLE WITH ARTHRITIS

LIVING WELL WITH CHRONIC CONDITIONS (CHRONIC DISEASE SELF MANAGEMENT)
(6 consecutive sessions) This is a six week self-management education workshop taught by certified instructors. People with different chronic diseases, including arthritis attend together. It teaches the skills needed in the day-to-day management of chronic disease and to maintain or increase life's activities. Skills that participants learn include increasing physical activity, symptom management, nutrition, breathing exercise, stress management, communicating with friends, family, and health professionals, dealing with emotions, and problem solving and goal setting.

TOMANDO CONTROL DE SU SALUD Living Well (Chronic Disease Self Management) workshop conducted entirely in Spanish.

ARTHRITIS FOUNDATION SELF HELP COURSE (6 consecutive sessions) This series of classes teaches the principles of exercise, the appropriate use of arthritis medication, joint protection and energy conservation techniques, basic aspects of arthritis and joint anatomy, and provides a place to test new knowledge and practice new skills.

ARTHRITIS FOUNDATION EXERCISE PROGRAM (Ongoing) This program is a land exercise program that uses gentle activity to help increase joint flexibility and range of motion and maintain muscle strength. Participants enjoy a recreational program that can help reduce pain and stiffness and improve self-esteem and well-being.

ARTHRITIS FOUNDATION AQUATICS PROGRAM (Ongoing) Trained personnel lead program participants through a series of activities designed to help improve joint flexibility and muscle strength with the aid of the water's buoyancy and resistance. The warm water and gentle movement also can relieve pain and stiffness. The program is operated in cooperation with local Y.M.C.A.'s, Y.W.C.A's, health clubs and other recreational facilities throughout the state.

To find out where these programs are available call the Arthritis Foundation Wisconsin Chapter (AF-WC) Information and Referral number at 1-800-242-9945.

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KEY PUBLIC HEALTH MESSAGES

People with arthritis can decrease pain, improve function, stay productive, and lower health care costs by regularly committing to a few key self-management activities:

- Learn skills for managing their condition(s)
- Be active
- Maintain a healthy weight
- See a doctor for early diagnosis and to appropriately manage the condition
- Protect the joints from injury

RESOURCES

Arthritis Foundation
www.arthritis.org

Centers for Disease Control & Prevention, Arthritis
www.cdc.gov/arthritis/

Wisconsin Arthritis Program
www.wisconsinarthritisprogram.org
www.dhs.wisconsin.gov/health/arthritis/

Milwaukee County Department of Aging, Living Well Workshop listing
www.milwaukee.gov/Wellness12727/LivingWellWorkshops.htm

Statewide Listing of Living Well and Stepping On Workshops
www.discover-net.net/~ageadvan/CDSMPMaterials.htm

Wisconsin Nutrition and Physical Activity Program, Worksite Wellness Resource Kit
www.dhs.wisconsin.gov/health/physicalactivity/Sites/Worksitekit.htm

American Autoimmune Related Disease Association
www.aarda.org

American College of Rheumatology
www.rheumatology.org

American Medical Association
www.ama-assn.org

National Association of Chronic Disease Directors
www.chronicdisease.org

Lupus Foundation of America
www.lupus.org

National Fibromyalgia Partnership, Inc.
www.fmnetnews.com

National Kidney Foundation
www.kidney.org

National Osteoporosis Foundation
www.osteoporosis.org

Scleroderma Foundation
www.scleroderma.org

Wisconsin Walks
www.wisconsinwalks.org

Milwaukee AHEC
www.milahec.org

Wisconsin Rheumatology Association
http://www.wi-rheum.org/

United States Bone and Joint Decade
www.usbjd.org

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THE WISCONSIN ARTHRITIS ACTION COUNCIL VISION: FOR WISCONSIN INDIVIDUALS AND FAMILIES TO HAVE ACCESS IN ALL SETTINGS TO INFORMATION AND PROGRAMS RELATED TO ARTHRITIS PREVENTION, SELF-MANAGEMENT, AND APPROPRIATE COMPREHENSIVE CLINICAL CARE. **MISSION:** TO PROVIDE STATEWIDE COORDINATION AIMED AT PREVENTION, MANAGEMENT, AND SUPPORT FOR WISCONSIN RESIDENTS WITH ARTHRITIS AND THEIR FAMILIES AND TO EXPAND THE SCOPE AND AVAILABILITY OF RESOURCES IN ALL SETTINGS STATEWIDE (COMMUNITIES, WORKSITES, HEALTHCARE, AND SCHOOLS).