HOPE
PREVENTION
CARE
EXERCISE
HEALTH

WISCONSIN ARTHRITIS
SCHOOLS POLICY INVENTORY

WISCONSIN
ARTHRITIS
PROGRAM

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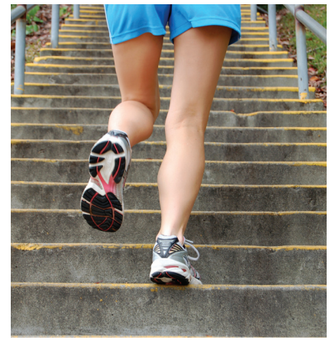
PURPOSE:

The Wisconsin Arthritis Program chose to develop this inventory to raise awareness about arthritis and to provide a resource that educates organizations, professionals, and citizens on existing state-level policies that affect risk factors associated with rheumatic conditions.



This document can be used as a tool in the following ways:

» To spread key public health messages to policy makers, the public health community, schools and worksites so that they can implement changes in the policies and environments
» To increase awareness of community needs and opportunities for interventions
» To raise awareness of the burden of arthritis among policy holders and decision makers by documenting the magnitude of arthritis
» To increase awareness of risk factors like physical inactivity, poor nutrition, obesity and joint injuries
» To improve the quality of life among people affected by arthritis by giving them information on resources and evidence based programs available to address arthritis
» To improve the health and fitness of people at risk and those suffering from arthritis
» To identify policy gaps and focus organizational and grassroots efforts to work towards the creation and implementation of corrective policies at state and organizational levels to prevent arthritis and other chronic conditions that share risk factors

METHODOLOGY:

The Program utilized the following methods to develop this inventory.

We reviewed the Wisconsin Policy Inventory for the Heart Disease and Stroke Prevention Program from January 2007, updated and included state-level policy information for similar risk factors for arthritis. Additional policies were researched on the Wisconsin State Legislature web site, Legislative Reference Bureau with new searches to include additional keywords that are more specific to arthritis. While the reference document also included organization-level policies, the Arthritis Program decided not to include this information as the data was not updated from one-time surveys dated 2006 or earlier.

Each policy was categorized based on risk factors. For each policy, the following information was collected:

1) Policy: including laws, regulations, and rules (both formal and informal)
2) Environmental Strategy supporting the policy: Changes to economic, social and physical environments
3) The purpose or contents of the policy
4) The Wisconsin Policy Reference i.e. citation, wherever possible

We gathered information on Evidence-Based Programs beneficial for decreasing the risk factors associated with arthritis. The Program and statewide partners contributed to the compilation of researched and proven effective program available for people with arthritis and other chronic conditions in Wisconsin.

DEFINITION OF ARTHRITIS AND BURDEN

Arthritis literally means joint inflammation. "arth" refers to the joints, and "itis" refers to inflammation. The common warning signs for arthritis are pain, swelling, stiffness and difficulty moving one or more joints.

Types of Arthritis

Non-inflammatory arthritis (osteoarthritis, a degenerative joint disease) occurs when the thin line of cartilage at the end of the bones breaks down and disintegrates. The most commonly affected joints include the knees, hips, hands, ankles, and spine. Inflammatory arthritis which is less common, affects joints and the surrounding tissues, and other organs, such as the heart, lungs, kidneys, and eyes. Some examples include rheumatoid arthritis, gout, lupus, ankylosing spondylitis, and psoriatic arthritis.

Risk factors

» Non-modifiable- age, gender, genetics
» Modifiable- overweight and obesity, joint injuries, infection, and occupation

WHY IS ARTHRITIS A PUBLIC HEALTH PROBLEM?

Arthritis impacts an individual's health, work life, and the quality of life AND the systems that support and influence the population's health through direct costs like medical expenditures and indirect costs like time of work lost for employers. Over one million people in Wisconsin have arthritis. Arthritis is the nation's most common cause of disability. For example 1 in 3 people with arthritis between the ages of 18 and 64 report arthritis-attributable work limitation. 1 of 2 adults develops symptomatic knee osteoarthritis by age 85 which has lead to very costly health care. The total cost for Wisconsin was $2.4 billion. It has been reported that 418,000 total knee replacements were performed in 2003, primarily for arthritis. Arthritis shares so many risk factors with other chronic conditions, more than half of adults with diabetes or heart disease also have arthritis.

ARTHRITIS IN WISCONSIN

Adults with arthritis: 28%
18 – 64 year olds with arthritis: 22%
65+ year olds with arthritis: 58%
Arthritis attributable work limitation: 33%

PERCENT OF WISCONSIN ADULT WITH MODIFIABLE RISK FACTORS ASSOCIATED WITH ARTHRITIS (2005)

Less than 5 servings Fruit and Vegetables per day	80%
Current Smoker	23%
Overweight (includes obese)	61%
Lack of Physical Activity	45%

FUTURE OF ARTHRITIS

The population is aging and the prevalence of arthritis is expected to increase. It is projected that over 20 million more adults will have arthritis by 2030.

WHY IS THIS INVENTORY IMPORTANT FOR SCHOOLS?

A school is an institution designed to allow and encourage students to learn under the supervision of teachers. Ensuring that children are healthy and able to learn is an essential component of an effective education system. Good health increases enrollment and reduces absenteeism. Schools are the main institutions that are able to reach a large number of children and adolescents, with the support and involvement of parents and the local community. Schools have the opportunity to teach children to adopt healthy behaviors.

RISK FACTORS FOR SCHOOL SETTING

PHYSICAL INACTIVITY

To be physically inactive is to not have any regular pattern of physical activity beyond daily functioning. Physical Inactivity is a modifiable risk factor for arthritis and can lead to instability and weak muscles around joints. Exercise is important for maintaining proper weight, improving strength and coordination, increasing range of motion, and reducing fatigue. Engaging in joint friendly activities; such as, walking, swimming, and participating in available arthritis-specific exercise interventions can help you maintain healthy weight and reduce arthritis pain and disability. Evidence indicates that both endurance and resistance types of exercise programs provide considerable disease-specific benefits for persons with osteoarthritis or other rheumatic conditions without increasing symptoms or worsening disease progression. Evidence based interventions of physical activity have been included in industrial plants, universities, federal agencies, and low-income communities. These programs should be appropriate for the target population and accessible to diverse settings and groups.

IN SCHOOLS

Physical activity has been defined as "any movement produced by skeletal muscles that result in energy expenditure" (Pate, Pratt et al., 1995). Physical activity has been associated with increased academic performance, self-concept, mental health and physical health benefits. If a physically active lifestyle is adopted early in life, it is more likely to continue into adulthood. Bone-strengthening activities remain especially important for children and young adolescents because the greatest gains in bone mass occur during the years just before and during puberty. The Guidelines for children and adolescents focus on three types of activity: aerobic, muscle-strengthening, and bone-strengthening. Physical activity can be encouraged in children by providing time for it during the school day.

- Allow access to facilities before and after school hours and during vacation periods.
- Provide students and teachers with physical and social environments that encourage and enable physical activity.
- Encourage safe walking and biking to and from school.
- Educate and communicate the message by displaying posters and banners with physical activity themes.

WI STATE POLICIES INFLUENCING PHYSICAL INACTIVITY

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Promote Physical Education in the Schools		
Mandate physical education High school graduation standards	Requires 1.5 credits in physical education which incorporates instruction in the effects of exercise on the human body, health-related physical fitness, and activities for lifetime use.	Administrative Code PI 18.03 (1986)
Promote Physical Activity in School Age children		
Regulate 'recess' in schools	Allows up to 30 minutes of the school day to be accounted for recess.	Administrative Code PI 8.01 (2004)
Physical Education Instruction Standards		
All physical education offerings must be presented to all students in a co-educational format.	School District Standards—s. 121.02 **Standard J** Comprehensive curriculum and program of instruction for all pupils. 1. K-6 -- Three times per week minimum. 2. In a middle school format, grade 7-8 weekly minimum. 3. K-6 by or under the direction of a licensed physical education teacher. 4. Senior high schools -- One year may be optional to pupils. **Standard P** 1. In grades 9-12 at least 1.5 credits of physical education incorporating effects of exercise, health-related fitness, and lifetime activities. 2. Credits must be earned over three separate years.	Title IX Federal Education Amendments of 1972, s. 118.13 Wis. Stats. and Admin. Code PI 9

NUTRITION

Nutrition is the study of food and how our bodies use food as fuel for growth and daily activities. Food provides the energy and nutrients our bodies need to be healthy. The environment that we live in encourages us to eat certain foods. Poor nutrition is a modifiable risk factor for arthritis. All persons with arthritis, young and old, can benefit from eating a healthy, well-balanced diet based on variety, balance and moderation. A good diet promotes overall health, helps to control weight and is a positive step toward managing arthritis.

IN SCHOOLS

Schools are places in which the nutritional habits of children and adolescents can be influenced in a healthy direction.

Kids need to eat healthy foods to do well in school. Eating "junk" food and skipping breakfast has a negative affect on a child's behavior and ability to learn. Schools are a perfect organization to promote healthy nutritional attitudes, knowledge, and behaviors. In schools, multi component interventions can be aimed at nutritious diet and physical activity. The educational components (e.g., classroom instruction by teachers, integrating nutrition education across curricula, and peer training), environmental components (e.g., school menus, classroom snacks and special treats), and/or other components (e.g., physical activity, family education and involvement, and community involvement) can be used. Children who eat healthy foods will be more likely to make better food and nutrition choices as adults.

WI STATE POLICIES INFLUENCING NUTRITION

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Improve Access to Healthy Food		
Women, Infants and Children (WIC) program	Only grocery stores and pharmacies that are authorized as vendors by the state WIC office may accept WIC drafts and be reimbursed by the state WIC office for foods provided to participants.	Wisconsin Administrative Code; HFS 149.03(5)
Fresh Fruits and Vegetable Snack Program	FFVP operates in Wisconsin, one of only a few states. FFVP provides school age children in 25 Wisconsin schools with a fresh fruit or vegetable snack each day.	H.R. 2744 the Agriculture, Rural, Development, Food and Drug Administration and Related Agencies Appropriations Act, 2006.
Food Stamp Program	The purpose of the Food Stamp Program is to raise the nutritional level among low-income assistance units.	106 CMR 360 Dept of Transitional Assistance
Promote Healthy Eating Habits in Youth		
School lunch program	The Department of Public Instruction may contract for the operation and maintenance of school lunch programs and for the distribution, transportation, warehousing, processing and insuring of food products provided by the federal government. The form and specifications of such contracts shall be determined by the department.	s. 115.34
School breakfast Program	From the appropriation under s. 20.255 (2) (cm), the state superintendent shall reimburse each school board 15cents for each breakfast served at a school that meets the requirements of 7 CFR 220.8 or 220.8a.	s. 115.341
Wisconsin school day milk program	A child who is enrolled in a school in pre-kindergarten classes to grade 5 is eligible to receive a beverage specified in sub. (1) if (a) The child does not receive the beverage through the federal special milk program under 42 USC 1772 (b). (b) The child meets the income eligibility standard for a free or reduced-price lunch in the federal school lunch program under 42 USC 1758 (b).(c) The child does not receive the beverage during the school's breakfast or lunch period.	s. 115.343(2)
Establish Health Education Curricula in Elementary and Secondary School		
Health problems education program	The program shall be a systematic and integrated program designed to provide appropriate learning experiences based on scientific knowledge of the human organism as it functions within its environment and designed to favorably influence the health.	s. 115.35 (1)
Health education mandate	High school graduation standards; criteria forpromotion.(1) (a) Except as provided in par. (d), a school board may not grant a high school diploma to any pupil unless the pupil has earned:. In grades 7 to 12, at least 0.5 credit of health education.	s. 118.33 and Administrative CodePI 18.03 (1986)

OBESITY

Obesity is a potential risk factor for the onset and deterioration of musculoskeletal conditions of the hip, knee, ankle, foot and shoulder. One in four adults with doctor-diagnosed arthritis, are overweight or obese. Evidence suggests that elevated body mass index (BMI) predicts the incidence of osteoarthritis. Obese adults are up to 4 times more likely to develop knee osteoarthritis than normal weight adults. A newly published CDC study reports that nearly two of three obese adults will develop painful knee osteoarthritis during their lifetime. It has been demonstrated that overweight and obese individuals put more stress on their lower-extremity joints during every day activities than normal-weight individuals. Weight loss as little as ten pounds reduces the risk of developing knee osteoarthritis among women by fifty percent. Educating on the risks of obesity in all organizational levels can help reduce the risk for arthritis.

IN SCHOOLS

Schools are unique in their ability to promote physical activity and increase energy expenditure—and thereby help reduce childhood obesity. More than 95 percent of American youth aged five to seventeen are enrolled in school. Schools can promote good nutrition, physical activity, and healthy weights among children through healthful school meals, physical education programs and recess, classroom health education, and school health services. School health services can help address obesity by providing screening, health information, and referrals to students, especially low-income students, who are at high risk for obesity. School's breakfasts and lunches that meets federal nutrition standards, have students consuming higher intakes of micronutrients, both at mealtime and over twenty-four hours, than those who do not. Mandating and promoting comprehensive school physical activity programs can consist of physical education, recess time for elementary school students, and intramural sport programs and physical activity clubs for high school students.

WI STATE POLICIES INFLUENCING NUTRITION

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Promote Physical Activity in School Age Children		
Regulate 'recess' in schools	Allows up to 30 minutes of the school day to be accounted for recess.	Administrative Code PI 8.01 (2004)
Promote Healthy Eating Habits		
University of Wisconsin Extension Nutrition Education Program	WNEP provides community based nutrition education programs, within a university research based context. It serves Wisconsin citizens in 64 counties. WNEP is funded by federal dollars.	www.uwex.edu/ces/wnep/
EFNEP	EFNEP is designed to assist limit resource audience in acquiring the knowledge, skills, attitudes, and changed behavior necessary for nutritionally sound diets, and to contribute to their personal development and improvement of the total family diet and nutritional well being.	s. 895.48
FSNE	The goal of the food Stamp Nutrition Education program is to provide educational program that increase, within a limited budget the likelihood of all food stamp recipients making healthy food choices and choosing life styles consistent with most choices reflected in dietary guidelines for American and Food Guide Pyramid.	
Promote Physical Education in schools		
Comprehensive Physical education	Physical education instruction shall be provided in accordance with a developmental, sequential, comprehensive physical education curriculum and program instruction for all pupils.	PI8.01(2) (j)2

INJURY

Previous joint injury is an independent risk factor for osteoarthritis. The chronic overuse and acute traumatic soft-tissue injuries can cause damage to a joint and contribute to the development of osteoarthritis in that joint. It is a modifiable risk factor and can be prevented with weight control and precautions to avoid certain occupational and sports injuries.

IN SCHOOLS

Traumatic sports injuries, joint damage and years of repetitive pressure on joints may increase the risk of developing osteoarthritis. Knee injuries are a common occurrence in a variety of sports. Some factors which can contribute to knee injuries are uneven playing surfaces, history of previous injury, player conditioning, and coaching methods.

WI STATE POLICIES INFLUENCING INJURIES

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Safe areas for outdoor recreation		
Authority to designate bicycle lanes and bicycle ways.	The governing body of any city, town, village or county may by ordinance:(a) Designate any roadway or poor under its jurisdiction as a bicycle.(b) Designate any sidewalk or portion thereof In its jurisdiction as a bicycle way.	s. 349.23
Create safe areas for outdoor recreation	The Department of Transportation shall adopt a manual establishing a uniform system of signs, signals,markings and devices for the purpose of regulating, warning, or guiding bicycle traffic on highways, streets and bikeways, as defined in 84.60 (1) (a).	s. 84.02 (f)
Establish sidewalks	The county boards, aldermen of a city or town establish sidewalks in the public ways and may order the reconstruction of existing sidewalks. They may order snow removal laws and fines.	s. 27.065(3), 27.065(4), 27.11(5)
Promote Safe Physical Activity in School Age Youth		
Administer Safe Routes to School (SRTS) programs.	http://www.dot.wisconsin.gov/localgov/aid/saferoutes.htm. SRTS programs encourage children ages K-8 to walk and bike to school by creating safer walking and biking routes. These programs are funded through the revised federal transportation act - SAFETEA-LU.	Safe Routes to School, Federal Law. Sections 1101(a)(17), 1404 of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU)
Provide Emergency Medical Services		
Good Samaritan Act	Any person who renders emergency care at the scene of any emergency or accident in good faith shall be immune from civil liability for his or her acts or omissions in rendering such emergency care. This immunity does not extend when employees trained in health care or health care professionals render emergency care for compensation and within the scope of their usual and customary employment or practice at a hospital or other institution equipped with hospital facilities, at the scene of any emergency or accident, en route to a hospital or other institution equipped with hospital facilities or at a physician's office.	s. 895.48
First aid training given to emergency personnel	Members of police and fire departments, members of the state police participating in highway patrol, persons appointed permanent or temporary lifeguards by the common wealth or any of its political subdivisions, and members of emergency reserve units of a volunteer fire department or fire protection district shall be trained to administer first including, but not limited to, CPR defibrillation.	
Regulate Provider Standard Registration of certain professions and occupations	Registration of physicians; physician assistants; nurses, Physical therapist occupational therapist, etc.	s. 441.06 WI Admin. Code HFS 160

WI STATE POLICIES INFLUENCING INJURIES

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Promote Health and Safety		
Emergency kit Provided in Schools	Every school board and the governing body of school shall provide a standard first aid kit for use in cases of emergency.	s.118.07(1)
Fire Drill in schools	(a) Once each month, without previous warning, schools the person having direct charge of any public or private school shall drill all pupils in the proper method of departure from the building as if in case of fire or tornado or other hazard.	s.118.07(2) (a)
Safe Surroundings around School		
Safe School zones	On any street or highway which borders the grounds crossings of any public or private school in which school is held for a not less than 6 months, the authority in charge of the maintenance of the street or highway shall erect black and yellow "school" warning signs.	s.118.08
Rights with Physical Diability		
Discrimination against handicapped teachers prohibited.	(1) No person otherwise qualified may be denied handicapped teachers a certificate or license from the state superintendent under s118.19 (1) because the person is totally or partially blind, deaf or physically handicapped nor may any school district refuse to employ a teacher on such grounds, if such handicapped teacher is able to carry out the duties of the position which the person seeks.	s118.19
Safety Zones		
Increasing Safety	Every school district maintaining a school outside the corporate limits of a city or village shall provide at the school site a zone which will provide safety for pupils from vehicular traffic during loading and unloading of pupils at the school. The zone may consist of a widening toward or into the schoolyard of the traveled portion of the adjacent highway so as to permit a vehicle to stop in the extended area completely clear of such traveled portion or may be constructed wholly within the schoolyard with connecting roads to the adjacent highway. The zone and approaches from the highway for use of vehicles shall be graveled or hard-surfaced.	118.09(1)
Safety rules	All loading and unloading of pupils at the school, whether transported by a public or private vehicle, shall take place in the safety zone. The operator of a vehicle under contract to transport pupils to the school shall have necessary police powers so that pupils will be properly safeguarded in loading and unloading at the zone and while the operator's vehicle is approaching and leaving the zone. The operator shall first alight before loading or unloading pupils at the zone, and while at stops on the operator's highway route to load and unload pupils, the operator shall exhibit the vehicle's stop sign.	118.09(3)

WI STATE POLICIES INFLUENCING TOBACCO USE

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Promote Clean Indoor Air		
Prohibit smoking	Smoking prohibited in educational facilities, day care centers, hospitals, immediate vicinity of the state capitol, inpatient health care facilities, jails, lockup facilities, offices, public conveyance, indoor movie theaters, passenger elevators, public waiting rooms, prison, physician's offices, restaurants, retail establishments, retirement homes, and state institutions Note: Subd. 1. is shown as amended eff. 7_1_08 by 2007 Wis. Act 20, section. This bill establishes a complete ban on indoor smoking at any indoor locations with exceptions for private residences, a limited number of designated rooms in lodging establishments, and certain residence rooms in assisted living facilities. In addition to the specified indoor locations listed under current law, the bill prohibits smoking in any public place or place of employment. The bill defines "a place of employment" to be any indoor place that employees normally frequent during the course of employment, such as an office, a work area, an employee lounge, a restroom, a conference room, a meeting room, a classroom, or a hallway. The bill also defines a "public place" to be a place that is open to the public, regardless of whether a fee is charged or a place to which the public has lawful access or may be invited. In addition, the bill defines an "enclosed place" for purposes of determining at what locations smoking is prohibited. An enclosed place must have a roof and at least two walls.	s. 101.23 SB-181 WIS STAT 101.123
Prohibit the sale or transfer of tobacco products to minors	No retailer, manufacturer, distributor, jobber or subjobber, no agent, employee or independent contractor of a retailer, manufacturer, distributor, may sell or provide for nominal or no consideration cigarettes or tobacco products to any person under the age of 18.	s. 134.66 (2)(a)
Regulation of smoking in hospitals and physician's offices	No person may smoke in a hospital or in a physician's office. The only exception is as stated in s. 101.123 (2) (am).	s. 101.23 SB-181 WIS STAT 101.123
Smoking policies in public places		
Government Buildings	Smoking is restricted to designated areas in any enclosed indoor area of a state, county, city, village, or town building.	s. 101.23 SB-181 WIS STAT 101.123
Child Care Centers	Smoking is prohibited on the premises, indoors or outdoors, of a day care center, when children who are receiving day care services are present.	s. 101.23 SB-181 WIS STAT 101.123
Health Facilities	Smoking is restricted to designated areas in inpatient health care facilities. Smoking is prohibited in hospitals or physician's offices except in hospitals that have as a primary purpose the care and treatment of mental illness, alcoholism, or drug abuse.	s. 101.23 SB-181 WIS STAT 101.123
Restaurants	Any restaurant regardless of seating capacity or the number of liquor sale receipts. This bill prohibits smoking in any tavern. The bill also specifically prohibits smoking in private clubs.	WIS. STAT. § 134.66 (2003).
Prevent Youth Tobacco Use		
Prohibit the sale or transfer of tobacco products to minors	No retailer, manufacturer, distributor, jobber or sub-jobber, no agent, employee or independent contractor of a retailer, manufacturer, distributor, jobber or sub-jobber and no agent or employee of an independent contractor may sell or provide for nominal or no consideration cigarettes or tobacco products to any person under the age of 18.	s. 134.66 (2)(a)

WI STATE POLICIES INFLUENCING TOBACCO USE

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Establish Statewide Tobacco Control Program		
Appropriate public funding	From the appropriation under s. 20.435(5)(fm), the Department shall administer a statewide tobacco use control program (using) GPR funds. Wisconsin's statewide program includes: local tobacco control coalitions, a statewide quit line, a counter-marketing campaign, programs targeted to pregnant smokers, youth, young adults and communities of color.	s. 255.15 (1m), s. 255.15 (3), s. 16.519 (4) Ceraso, M. Tobacco Taxes: Implications for Public Health; Issue Brief; Wisconsin Public Health & Health Policy Institute, April 2003, (4) No. 3
Regulate Tobacco Sales		
Regulation of vending machines; penalties for particular offenses; sales to children	Owners of vending machines that contain cigarettes or tobacco must place a notice in a conspicuous place, stating that it is unlawful for those under 18 to purchase the product and the purchaser is subject to a fine of up to $50. NOTE: Sub. (5) is shown as amended eff. 7–1–08 by 2007 Wis. Act 20, section 9121 (6) (a).ordinances regulating sales. The American Lung Association recognizes Wisconsin for increasing its cigarette tax by $1.00 to $1.77 per pack and for significantly increasing funding for its tobacco control program.	s. 134.66(2), s. 134.66(cm)1m, s. 134.66 (2)
Reduce tobacco sales by imposing an excise tax	Wisconsin imposes an excise tax upon the sale, offering, or exposing for sale, possession with intent to sell.	Wisconsin Admin. Code; ATCP 105.01

TOBACCO USE

Over 8,000 deaths annually in Wisconsin can be attributed to smoking. About 20% of Wisconsin adults smoke. Smoking can harm nearly every organ of the body and is the cause of many diseases including cancer, heart disease, and chronic obstructive lung disease. Another form of tobacco use is from smokeless tobacco such as snus, snuff, or spitting tobacco which contains 28 cancer causing agents. Women who smoke have a modest elevated risk of Rheumatoid Arthritis. According to the Centers for Disease Control, the prevalence of smoking is 50% higher among people who have a disability over people who do not have a disability. With Arthritis as the leading cause of disability, strategies to reduce tobacco use can significantly impact the health of people in Wisconsin.

IN SCHOOLS

Based on the 2008 Wisconsin Youth Tobacco Survey, 24% of middle school and 55% of high school students reported using a tobacco product in their lifetime. In both age groups over half of the students identifying themselves as "current smokers" reported wanting to stop smoking. In 2008, over 4 out of 10 students in high school reported that they were taught about the dangers of tobacco in the classroom. In both age groups, 8 out of every 10 students who used the internet, watched TV, or went to the movies saw ads for tobacco products. Schools can play an integral through lesson plans, youth prevention, and involvement in other community initiatives to prevent and reduce this risk factor.

KEY PUBLIC HEALTH MESSAGES

Early diagnosis, participation in self-management activities, and treatment of arthritis can help patients decrease pain, improve function, and lower their health care costs. Key self-management activities include:

LEARN ARTHRITIS MANAGEMENT STRATEGIES Learning pain reduction techniques, and participating in self-management education, such as the arthritis foundation self help program and the chronic disease self management program (CDSMP) can help you to development the skills and confidence you need to manage your arthritis on a day to day basis.

BE ACTIVE Research shows that physical activity can decrease pain, improve function, and delay the onset of disabilities for individuals. Moderate physical activity can be preformed for 30 minutes, three times a week, or at 10 minute intervals, three times a day.

WATCH YOUR WEIGHT If you are over weight or obese it may put you at risk for arthritis. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression.

SEE YOUR DOCTOR If you have symptoms of arthritis, please see your doctor for an appropriate diagnosis. Early diagnosis can help in the management your condition.

PROTECT YOUR JOINTS Joint injuries may lead to the onset of osteoarthritis. People who participate in high impact activities, or have jobs with repetitive motions may be more likely to have osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

EVIDENCE BASED PROGRAMS

THREE MAIN PUBLIC HEALTH INTERVENTIONS: Self-management education, physical activity, and weight management, can reduce the impact of arthritis.

APPROPRIATE PHYSICAL ACTIVITY decreases pain, improves function, and delays disability.

LOW IMPACT EXERCISES, such as walking, stretching, cycling, or swimming are easy on the joints and help you stay strong and flexible.

THE AMERICAN COLLEGE OF RHEUMATOLOGY RECOMMENDS MAINTAINING A HEALTHY WEIGHT to benefit patients with hip or knee osteoarthritis. Losing even a small amount of weight can help by easing the stress on your joints.

SELF-MANAGEMENT EDUCATION PROGRAMS are proven to reduce pain and depression, delay disability, improve self-efficacy, physical function, increase the quality of life, and reduce healthcare costs.

PHYSICAL THERAPY AND OCCUPATIONAL THERAPY is helpful to deal with symptoms and disability caused by arthritis.

The CDC Arthritis Program recommends evidence-based programs that are proven to improve the quality of life of people with arthritis.

CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP) / Tomando Control de su Salud (Spanish version) are workshops called *Living Well* in Wisconsin and are effective self-management education program for people with chronic health problems. Participants learn useful skills for managing a variety of chronic diseases. *Living Well* workshops are held in community settings and meet for two and a half hours per week for 6 weeks. This program covers topics such as: techniques to deal with problems associated with chronic disease, appropriate exercises, use of medications, communicating effectively with family, friends, and health professionals, nutrition, and, how to evaluate new treatments. Participants who took *Living Well* have demonstrated significant improvements in exercise, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations.

ARTHRITIS FOUNDATION SELF-HELP PROGRAM is an effective self-management education intervention for people with arthritis. Participants report a 20% decrease in pain, and a 40% decrease in physician visits, even 4 years after course participation.

PHYSICAL ACTIVITY PROGRAMS

ARTHRITIS FOUNDATION EXERCISE PROGRAM is a community-based recreational exercise program developed by the Arthritis Foundation. Classes typically meet two or three times per week. Trained AFEP instructors cover a variety of range-of-motion and endurance-building activities, relaxation techniques, and health education topics. The program demonstrates benefits including improved functional ability, decreased depression, and increased confidence in one's ability to exercise.

ARTHRITIS FOUNDATION AQUATIC PROGRAM is a water exercise program created by the Arthritis Foundation for people with arthritis and related chronic conditions. The classes typically meet two or three times per week for one hour. The aquatics classes include joint range of motion, stretching, breathing, and light aerobic activities to improve flexibility, joint range of motion, endurance, strength, and daily function.

COMMUNICATION CAMPAIGNS

Physical Activity. The Arthritis Pain Reliever is a full print and radio health communication campaign developed to promote the management of arthritis pain, increase knowledge of appropriate physical activity, and one's confidence in the ability to increase physical activity. Buenos Dias, Artritis is a full print and radio health communication campaign designed to reach Spanish-speaking Hispanics with arthritis between the ages of 45–64, with an annual income of $35,000 or less. This campaign is targeted primarily to persons with advanced symptoms, where arthritis is perceived as interfering with one or more life activities.

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.

THE WORKSITE WELLNESS RESOURCE KIT is a tool to assist worksites with implementing project strategies that have been proven to be effective. The resource kit is a project of the Nutrition and Physical Activity Program, Diabetes Prevention and Control Program, Heart Disease and Stroke Program, Comprehensive Cancer Program, and Arthritis Program. Worksites are an important venue to address nutrition and physical activity issues. The Wisconsin Worksite Wellness Resource Kit was developed to assist businesses in starting and maintaining a wellness program for their staff. The focus is on reducing the risk factors to chronic disease: poor nutrition, inactivity and tobacco use.

This tool offers a step-by-step guide to:
1) Getting started
2) Assessing their worksite
3) Identifying what types of activities to implement
4) Linking to valuable information on how to implement strategies
5) Determining ways to measure effectiveness.

The worksite wellness toolkit helps the employer to identify the strengths and weaknesses of their wellness and health promotion policies, develop an action plan to implement or improve worksite wellness program, and provide a multi-faceted payback on employer's investment.

For more info: http://dhs.wisconsin.gov/health/physicalactivity/Sites/Worksitekit.htm.

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RESOURCES

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

Wisconsin State Legislature-Legislative Reference Bureau
http://www.legis.state.wi.us/RSB/STATS.HTML

Centers for Disease Control and Prevention
http://www.cdc.gov/

Wisconsin Department of Health Services
http://dhs.wisconsin.gov/health/physicalactivity/Sites/Worksitekit.htm

Arthritis Foundation
http://www.arthritis.org/chapters/wisconsin/

Healthy People 2010
http://www.healthypeople.gov/

Promising Practices
www.fightchronicdisease.org/promisingpractices

U.S. Department of Health and Human Services
http://www.health.gov/paguidelines/Report/Default.aspx
http://www.legis.state.wi.us/rsb/code.htm
http://www.dot.state.wi.us/projects/state/docs/ped2020-summary.pdf
http://www.dot.state.wi.us/projects/state/docs/bike2020-plan.pdf
http://www.dhfs.wisconsin.gov/Medicaid/?pharmacy/pdl/index.htm
http://dhfs.wisconsin.gov/medicaid/pharmacy/pdl/pdfs/quickref050108.pdf
http://www.health.gov/paguidelines/Report/pdf/G5_musculo.pdf
http://www.dot.wisconsin.gov/localgov/aid/saferoutes.htm

Worksite Wellness Toolkit Resource-
http://dhfs.wisconsin.gov/health/physicalactivity/Sites/Worksitekit.htm

Arthritis Foundation Exercise Program
http://www.arthritis.org/af-exercise-program.php

For the next step after your policy research.
http://www.healthypeople.gov/
http://www.dhfs.state.wi.us/statehealthplan/index.htm

CDC Arthritis Webpage for the “Physical Activity. The Arthritis Pain Reliever.” Campaign
http://www.cdc.gov/arthritis/campaigns/index.htm

Chronic Disease Self Management
http://patienteducation.stanford.edu/programs/cdsmp.html

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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).