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 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 website, 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 programs available for people with arthritis and other chronic conditions in Wisconsin.

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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 layer of cartilage at the end of the bone 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, inflaming 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 health. Arthritis impacts an individual’s health, work life, and the quality of life AND the systems that support health and the cost for Wisconsin was $2.4 billion. It has been reported that 418,000 total knee replacements were performed in 2011, with 55% of those 60 years of age or older. For example, 1 in 3 people with arthritis between the ages of 18 and 64 report arthritis-attributable work limitation. Over one million people in Wisconsin have arthritis, with 18% of the population in the state reporting a doctor diagnosis of arthritis.

WHY IS THIS INVENTORY IMPORTANT FOR WORKSITES?
Employees spend approximately 86 percent of their total waking hours at work. The worksite is an ideal setting to address wellness issues by creating a work environment that supports and encourages good health. Wellness programs and policies can be designed to create an environment and individual-level approaches to promote health. At worksites, public health goals (e.g., healthy employees) can be combined with business goals (productivity and competitiveness) to make business sense to employers. Environmental strategies including providing and promoting physical activity opportunities and making environmental changes that encourage activity can be combined with business goals to improve physical activity levels and support business success.

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

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 servings Fruit and Vegetables per day</td>
<td>80%</td>
</tr>
<tr>
<td>Current Smoker</td>
<td>23%</td>
</tr>
<tr>
<td>Overweight (includes obese)</td>
<td>46%</td>
</tr>
<tr>
<td>Lack of Physical Activity</td>
<td>45%</td>
</tr>
</tbody>
</table>

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.

ARTHRITIS IN WISCONSIN
Adults with arthritis: 26%
18 - 64 year olds with arthritis: 22%
65+ year olds with arthritis: 58%
Arthritis attributable work limitation: 33%

RISK FACTORS FOR WORKSITE 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 movement, and reducing fatigue. Engaging in joint friendly activities, such as walking, swimming, and participating in available arthritis-specific exercise interventions can help maintain a healthy weight and reduce arthritis pain and disability. Evidence indicates that both endurance and resistance 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 WORKSITES
The workplace is an appropriate setting to promote and implement health promotion programs. Adding physical activity to employees’ workdays by fostering supportive work environments that encourage physical activity will work towards promoting positive health. Employers can see the benefits of improvements in employee productivity, reduced illness related absenteeism, and lower employee health care costs through wellness programming.

Physical activity can be encouraged in worksites at an individual level by increasing awareness, establishing public policies, and encouraging active communities.

WI STATE POLICIES INFLUENCING PHYSICAL ACTIVITY

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>PURPOSE/CONTENT</th>
<th>WI STATE POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote use of Non-Vehicular Transport Alternatives</td>
<td>Promotion of alternate transportation programs. Promote and encourage participation in the group transportation program. Promote and encourage alternate means of transportation for state, municipal and federal employees and persons in the private sector. The department may provide contract group transportation of state employees from designated pickup points to work sites and return in the absence of convenient and public scheduled transportation.</td>
<td>s.16.82(5)</td>
</tr>
<tr>
<td>Encourage use of bicycles</td>
<td>Establish bicycle storage racks adjacent to the capital and all state office buildings.</td>
<td>s.16.84 (13)</td>
</tr>
<tr>
<td>Authority to designate bicycle lanes and bicycle ways</td>
<td>The governing body of any city, town, village or county may by ordinances (a) Designate any roadway or portion thereof under its jurisdiction as a bicycle lane (b) Designate any sidewalk or portion thereof in its jurisdiction as a bicycle way.</td>
<td>s.349.23</td>
</tr>
<tr>
<td>Support Non-Vehicular Transport</td>
<td>Planning for bicycle facilities. The department shall draft model local zoning ordi- nances for the planning, promotion and development of bikeways and bicycle racks.</td>
<td>s.85.023</td>
</tr>
<tr>
<td>Educate on bicycle rules</td>
<td>Publish bicycle rules and safety make such literature available with- out charge to local enforcement agencies, safety organiza- tions, and schools and to any other person upon request.</td>
<td>s.85.07(4)</td>
</tr>
</tbody>
</table>
IN WORKSITES

In Worksites, employers and managed care organizations can identify appropriate strategies to improve the quality of life of their employees. Workplace health promotion is intended to give employers and organizations an evidence base to determine which available approaches are effective in promoting healthy lifestyles, preventing disease, and increasing the number of people who receive appropriate preventive counseling and screening. Worksite-specific policies and activities that can help employees choose those health promotion program components are proven to be effective in changing the behavior and improving the health of employees.

OBESEITY

Obesity is a 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 everyday activities than normal-weight individuals. Weight loss as little as ten pounds reduces joint pain and increases joint function in all individuals. Weight loss decreases degeneration of the articular cartilage in the knee joint space, the pain experienced when weight bearing joints are used.

WI STATE POLICIES INFLUENCING ADEQUATE NUTRITION AND PHYSICAL ACTIVITY

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>PURPOSE/CONTENT</th>
<th>WI STATE POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve Access to Healthy Food</td>
<td>Public markets; establishment; conditions; regulation</td>
<td>s. 93.06 (5)</td>
</tr>
<tr>
<td>Food products exempt from taxes</td>
<td>Currently, there are 174 farmer’s markets in Wisconsin; an increase from the 58 in 2005. <a href="http://www.ams.usda.gov/farmermarkets/States/Wisconsin">www.ams.usda.gov/farmermarkets/States/Wisconsin</a>.</td>
<td>s.77.55</td>
</tr>
<tr>
<td>Support Farmer’s Markets</td>
<td>USDA</td>
<td></td>
</tr>
<tr>
<td>Senior Farmer’s Market Nutrition Program</td>
<td>Provides eligible seniors with a voucher for use locally grown fruits and vegetables. Operates in 37 Wisconsin Counties.</td>
<td>Department of Agriculture</td>
</tr>
<tr>
<td>WIC Farmers Market Nutrition Program</td>
<td>Provides WIC participants with checks to purchase locally-grown fruits, vegetables and herbs at farmer’s markets.</td>
<td></td>
</tr>
<tr>
<td>University of Wisconsin Extension Strategic Plan 2003-2005</td>
<td>Promo the established of outdoor recreational facilities.</td>
<td></td>
</tr>
<tr>
<td>Promote Establishment of Outdoor Recreational Facilities</td>
<td>The transportation department shall have the first right to acquire, for present or future transportation or recreational purposes, any property use in operating railroad or railway.</td>
<td>s. 84.06(11)</td>
</tr>
<tr>
<td>University of Wisconsin Extension Strategic Plan 2003-2005</td>
<td>The department of transportation shall do the first right to acquire, for present or future transportation or recreational purposes, any property use in operating railroad or railway.</td>
<td>s. 85.09</td>
</tr>
<tr>
<td>Promote Healthy Eating Habits</td>
<td>Under the leadership of the state epidemiologist for chronic diseases, the department shall conduct to prevent, delay and detect the onset of chronic diseases, including cancer, diabetes, cardiovascular and pulmonary disease, cerebrovascular disease and genetic diseases, and other chronic diseases that the department determines are important to protect and maintain the public’s health.</td>
<td>s. 235.03</td>
</tr>
<tr>
<td>University of Wisconsin Extension Strategic Plan 2003-2005</td>
<td>WNEP provides community-based nutrition education programs, within a university research based context. It serves Wisconsin citizens in 42 counties. WNEP is funded by federal dollars.</td>
<td></td>
</tr>
<tr>
<td>University of Wisconsin Extension Strategic Plan 2003-2005</td>
<td>EFNEP provides community-based nutrition education programs within a university research based context. It serves Wisconsin citizens in 42 counties. WNEP is funded by federal dollars.</td>
<td></td>
</tr>
<tr>
<td>University of Wisconsin Extension Strategic Plan 2003-2005</td>
<td>The goal of the food Stamp Nutrition Education program is to provide educational program that increases, 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.</td>
<td></td>
</tr>
<tr>
<td>Improve Access to Healthy Food</td>
<td>Women, Infants and Children (WIC) program</td>
<td>s. 93.06 (5)</td>
</tr>
<tr>
<td>Improve Access to Healthy Food</td>
<td>WIC Farmers Market Nutrition Program</td>
<td></td>
</tr>
<tr>
<td>Improve Access to Healthy Food</td>
<td>Food Stamp Program</td>
<td></td>
</tr>
<tr>
<td>Improve Access to Healthy Food</td>
<td>Public markets; establishment; conditions; regulation; food products exempt from taxes</td>
<td>s. 77.55</td>
</tr>
</tbody>
</table>
Some Professions Have High Risk of Injury

Three occupations with the greatest number of injuries and illnesses are laborers and material movers; heavy and tractor-trailer truck drivers; and nursing aides, orderlies, and attendants.

Overall, the agriculture, forestry, fishing and hunting trades and the mining industry remain the most dangerous in terms of the number of deaths per 100,000 workers. Injury statistics show a similar breakdown, but education and health care jobs rank much higher in injury totals and rates than they do in fatality rates.

Highway accidents, the lowest annual total since 1993, accounted for nearly 1 in 4 of the fatal work injuries in 2006. Construction-associated deaths and transportation and warehousing deaths were the other top categories. There was a large increase in aircraft-related fatalities, to 255 work-related deaths involving aircraft.

When sprains and strains, bruises and contusions, cuts and lacerations, and fractures are combined, they account for nearly two-thirds of workplace injury cases resulting in days away from work.

Workplace Injuries

Medical college of WI http://healthlink.mcw.edu/article/1031002798.html

RISK FACTORS

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. Injuries are a modifiable risk factor and can be prevented with weight control and precautions to avoid certain occupational and sports injuries.

RISK FACTORS
Tobacco use is a significant contributor to health care costs and reduced productivity costs. According to the Centers for Disease Control, workers are a major source for second hand smoke exposure and in some work settings such as restaurants and bars the exposure to the harmful carcinogens is especially concentrated.

### WI STATE POLICIES INFLUENCING TABACCO USE

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>PURPOSE/CONTENT</th>
<th>WI STATE POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote Clean Indoor Air</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prohibit smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prohibit the sale or transfer of tobacco products to minors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulation of smoking in hospitals and physician's offices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### RISK FACTORS

- **RISK FACTORS**
  - **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 moderate elevated risk of Rheumatoid Arthritis. According to the Centers for Disease Control, the prevalence of smoking is 20% 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 WORKSITES**
  - **Smoking prohibited in educational facilities, day care centers, hospitals, immediate vicinity of the state capital, repeat health care facilities, job, backup 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, the specified indoor locations listed under current law, 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.**
<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>PURPOSE/CONTENT</th>
<th>WI STATE POLICY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking policies in public places</td>
<td>Smoking is restricted to designated areas in any enclosed indoor area of a state, county, city, village, or town building. In 1st 3rd SB-81 WIS STAT 101.23</td>
<td></td>
</tr>
<tr>
<td>Child Care Centers</td>
<td>Smoking is prohibited on the premises, indoors or outdoors, of a day care center when children who are receiving day care services are present.</td>
<td>1st 3rd SB-81 WIS STAT 101.23</td>
</tr>
<tr>
<td>Health Facilities</td>
<td>Smoking is restricted to designated areas in impatient 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.</td>
<td>1st 3rd SB-81 WIS STAT 101.23</td>
</tr>
<tr>
<td>Restaurants</td>
<td>Any restaurant regardless of seating capacity or the number of liquor sale receipts. This bill prohibits smoking in any tax. The bill also specifically prohibits smoking in private clubs.</td>
<td>WIS. STAT. § 134.66 (2003)</td>
</tr>
<tr>
<td>Prevent Youth Tobacco Use</td>
<td>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.</td>
<td>134.66 (2)(a)</td>
</tr>
<tr>
<td>Establish Statewide Tobacco Control Program</td>
<td>From the appropriation under s. 20.435(5)(bm), 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, programs targeted to pregnant smokers, programs targeted to youth, young adults and communities of color.</td>
<td></td>
</tr>
<tr>
<td>Regulate Tobacco Sales</td>
<td>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: It is unlawful for those under 18 to purchase the product.</td>
<td>s. 134.66(2), s. 134.66(2m), s. 134.66(2m)</td>
</tr>
<tr>
<td>Regulation of vending machines; penalties for particular offenses; sales to children</td>
<td>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.</td>
<td>s. 255.15 (1m), s. 255.15 (3), s. 16.519 (6)</td>
</tr>
<tr>
<td>Reduce tobacco sales by imposing an excise tax</td>
<td>Wisconsin imposes an excise tax upon the sale, offering, or exposing for sale, possession with intent to sell, cigarettes and other tobacco product wholesalers are required to mark up the price of cigarettes or other tobacco products at least 3%.</td>
<td>s. 134.66(2)</td>
</tr>
</tbody>
</table>

**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 rheumatology education and self management program (CERSMP) 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 disability for individuals. Moderate physical activity can be performed 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**

Increases 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 knees osteoarthritus. 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 an 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.

ARTHITIS 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

ARTHITIS 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 AFEF 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.

ARTHITIS 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 aquatic exercises 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 Relief 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, Arthritis is a full print and radio health communication campaign developed to promote the 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 (AFW/C) Information and Referral number at 1-800-242-9995.

THE WORKSITE WELLNESS RESOURCE KIT is a tool to assist workers 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. Worksite wellness is 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 diseases: poor nutrition, inactivity and tobacco use.

This tool offers a step-by-step guide to use. 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 strength and weaknesses of their workplace health promotion policies, develop an action plan to implement or improve worksite wellness program, and provide a multi-faceted payoff on employer’s investment. For more info: http://dhfs.wisconsin.gov/health/physicalactivity/Sites/Worksitekit.htm.
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).