

Minnesota**Expanding Evidence-Based Arthritis Intervention Programs among Older Adults across the State****Public Health Problem**

More than one-fourth (26%) of Minnesota adults have been diagnosed by a doctor or other health professional with a form of arthritis. Of Minnesota residents aged 65 and older, 55% have arthritis and 38% are limited in their usual activities. Research has shown that the pain, disability, and social isolation associated with arthritis can be minimized through early diagnosis and treatment plans that include appropriate physical activity and self-management education. However, nationally, less than 1% of people with arthritis who could benefit from self-management programs use them. More widespread use of arthritis intervention services could save money in health care costs and reduce the burden of arthritis.

Taking Action

With support from CDC, the Minnesota Arthritis Program is partnering with the Elderberry Institute's Living at Home Block Nurse Program to engage community partners, particularly senior housing, to participate in arthritis intervention program training and offer programs in their respective communities. The Elderberry Institute's Living at Home Block Nurse Program is a community service program that helps older adults remain in their homes as long as possible. Using a combination of neighborhood volunteers and health professionals, the program provides information, support services, and health care to neighborhood residents over the age of 65. As the aging population continues to soar, the Minnesota Arthritis Program has prioritized the expansion of intervention programs to those most in need.

Through this partnership, the Minnesota Arthritis Program has made remarkable progress in expanding the reach of evidence-based self-management education and exercise programs across the state. In 2006, the number of Arthritis Foundation Self-Help Program leaders increased 219% (from 21 leaders in 2005 to 67). Consequently, the number of new program participants increased 229% (from 98 participants in 2005 to 306). The number of Arthritis Foundation Exercise Program instructors also increased 84% (from 19 instructors to 35) resulting in an increase of 125% in new program participants (from 137 in 2005 to 308). Geographic coverage of the state has also greatly improved. In 2005, intervention program leaders were found in 14 of Minnesota's 87 counties. In 2006, there were intervention program leaders in 50 counties. These increases far exceed the goals set by the CDC Arthritis Program, which are to increase the reach of self-management education and physical activity interventions by 50% by December 31, 2008.

Implications and Impact

The Minnesota Arthritis Program has demonstrated that an effective way of linking people with programs is to partner with other systems that serve similar target populations and have overlapping goals. The partnership with the Block Nurse Program illustrates this systems approach. Embedding arthritis intervention programs in the Block Nurse Program's existing delivery system is an optimal strategy for expanding the reach of intervention services. As states and CDC focus on meeting Healthy People 2010 goals related to improving the quality of lives for people living with arthritis, influencing existing systems to expand the reach of services is essential.

Wisconsin**Communities Promote “Physical Activity. The Arthritis Pain Reliever” Campaign Across Urban, Rural, and Minority Populations****Public Health Problem**

Arthritis is the leading cause of disability in the United States. According to the 2005 Behavioral Risk Factor Surveillance System, 27% of all Wisconsin adults and 57% of individuals 65 and older self-report doctor-diagnosed arthritis. Forty percent of those with arthritis are also obese, a modifiable risk factor. Research supports that physical activity plays a role in improving function, delaying disability, and reducing pain and symptoms related to arthritis. Physical activity is also essential to weight management, which is shown to lower risk for osteoarthritis (OA), assist in managing OA-related pain and maintain or improve physical functioning.

Taking Action

Since October 2001, and with CDC support, the Wisconsin Arthritis Program has sponsored an arthritis health communication campaign developed by CDC. The campaign aims to promote the importance of physical activity for arthritis pain management, to motivate people to begin a physical activity program, and to increase awareness of available evidence-based physical activity classes that decrease the symptoms of arthritis. Using a social marketing approach, the main objectives of the campaign are to: 1) increase awareness; 2) change attitudes; and 3) change behavior through the use of full print and radio media tools. The Wisconsin Arthritis Program further enhances campaign messages through community events, seminars, and systems-level changes.

In partnership with local agencies, the Wisconsin Arthritis Program has chosen to implement the health communication campaign in each of the state’s five regions, with the final region (northeast) planned for May 2008. Communities included: urban Milwaukee, which focuses on the African American and Latino communities; the City of Beloit, which has a racially and ethnically diverse population; and rural Oneida and Chippewa Counties. The campaign has proved adaptable to these vastly different communities. An especially important factor is making the campaign universally engaging to local health care professionals, clinics, fitness facilities, parks and recreation, and other community resources to encourage participation and support of the campaign message and events. The campaign’s overarching message of modifying behavior to include appropriate physical activity and remain active is coupled with a nurturing community environment that supports this message.

Implications and Impact

Recognizing that health communication campaigns are effective ways to reach a large number of individuals, the Wisconsin Arthritis Program has developed a model for this social marketing intervention to increase awareness, change behaviors, and provide systems development for improving access to evidence-based self management education and physical activity programs.