

**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.