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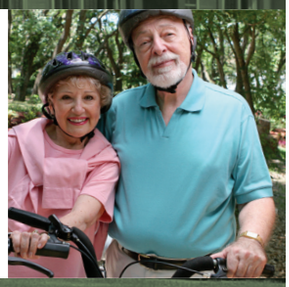
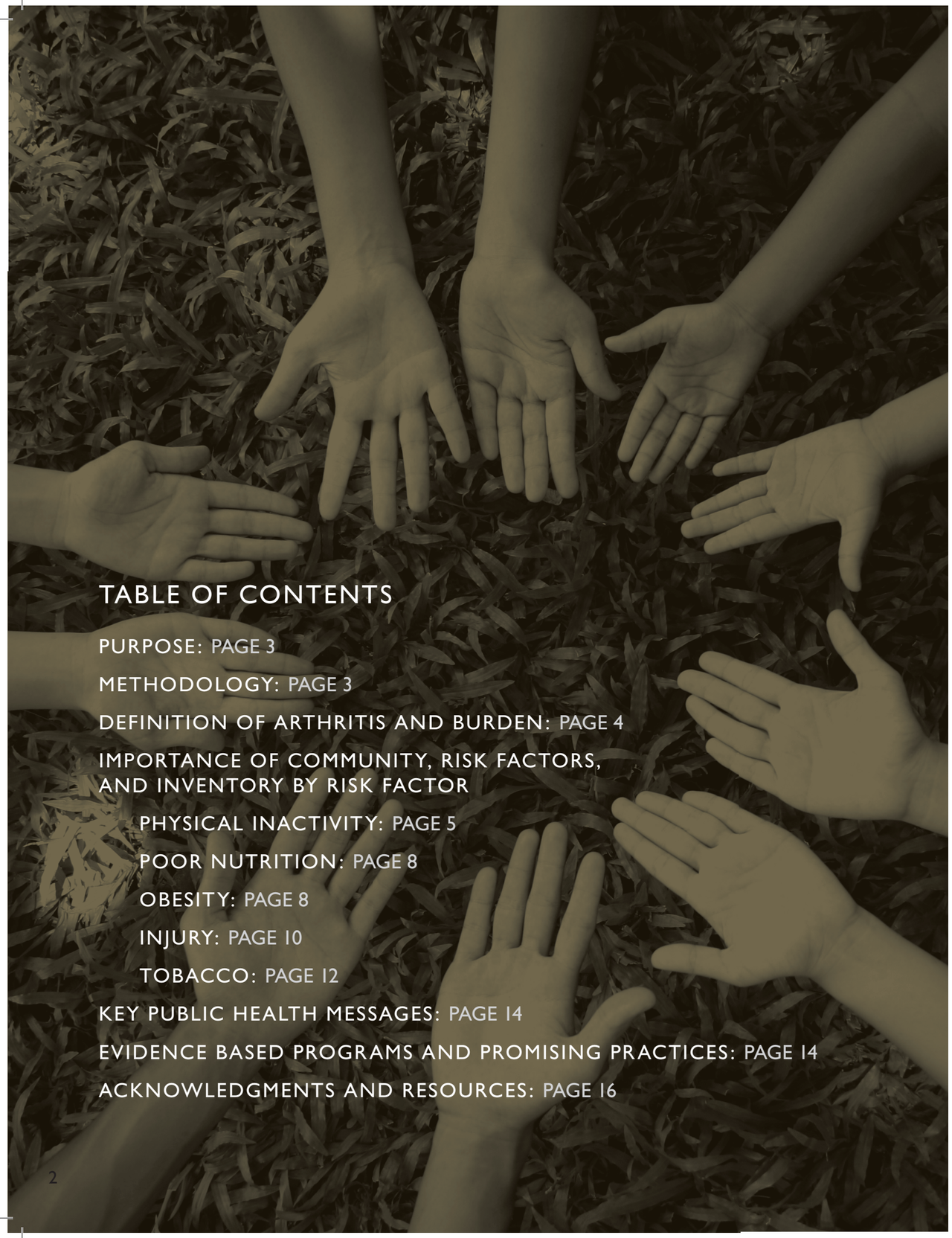


WISCONSIN ARTHRITIS
COMMUNITIES POLICY INVENTORY

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 programs 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 led 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 from 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 COMMUNITIES?

A community is a large organization were policies are established and resources are available that can affect and sustain behavior to help remove the modifiable risk factors of arthritis. For example structural and environmental modifications such as curb cuts, zoning ordinances, improvements to parks and recreation facilities, and creating ways to distribute free or inexpensive fruits and vegetables help in improving the quality of life of community residents. Organizations can work with citizens in multiple contexts (neighborhoods, city, county, etc) for implementing population based strategies and interventions to bring a positive change in a community.

RISK FACTORS IN COMMUNITY 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 maintain a 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 COMMUNITIES

Changing physical activity behaviors requires a broader social ecological perspective. These changes have to be made in environmental policies to give residents the best possible access to be physically active. In a public health approach physical activity can be encouraged by communication, social marketing, and implementing population-based strategies and interventions. Environmental changes through policy and practice approaches such as changing roadway design standards, infrastructure projects to increase safety of street crossing, use of traffic calming approaches (e.g., speed humps, traffic circles), enhancing bike lanes, expanding or subsidizing public transportation, providing bicycle racks on buses, and increasing parking costs, encouraging walking and bicycling as a means of transportation by facilitating walking, increasing the safety of walking and bicycling, and improving air quality and enhancing street landscaping are some public health approaches towards bringing change at community level.

WI STATE POLICIES INFLUENCING PHYSICAL INACTIVIY

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Promote Establishment of Outdoor Recreational Facilities		
Allow for the inclusion of outdoor areas that encourage physical activity	Statute on State Trail to provide a portion of a hiking trail, cross-country ski trail, bridle trail or bicycle trail under the management of a state agency, municipality or nonprofit corporation into the highway right-of-way, and facilities for safe crossing of the highway may be provided.	s. 84.06 (11)
Allow state agencies to acquire rail property for transportation/ recreation purposes	Acquisition of abandoned rail property for present or future transportation or recreational purposes.	s. 85.09
Authority to designate bicycle lanes and bicycle ways.	Designate any roadway ,sidewalk or portion thereof in its jurisdiction as a bicycle way and designate the type and character of vehicles or other modes of travel that will not interfere with safe and enjoyable use of bicycles which may be operated on a bicycle lane or bicycle way.	s. 349.23
Create safe areas for outdoor recreation	By 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,	s.84.02 (f)
Designate areas for outdoor recreation	Rustic road system establish protective standards of rustic road design, access, speed, maintenance and identification.	s. 83.42(1)
Reasonable pedestrian accommodation to be provided in project designs	Applicability to pedestrian highway.	s. 346.02 (8) (a)
Outdoor recreation program	Promote, encourage, coordinate and implement a comprehensive long-range plan to acquire, maintain and develop for public use those areas of the state best adapted to the development of a comprehensive system of state and local outdoor recreation facilities.	s. 23.30
State parks program	The purpose of the state parks is to provide areas for public recreation and for public education in conservation and nature study.	s. 27.01 (1)
State trails program	Designate a system of state trails as part of the state park system for use by equestrians, bicyclists, riders of electric personal assistive mobility devices, cross-country skiers or hikers.	s. 23.175 (2) a
Ice Age Trail	The ice age national scenic trail, as provided for in 16 USC 1244 (a) 10, plus the lands adjacent to each side of that trail designated by the department, is designated a state scenic trail, to be known as the "Ice Age Trail".	
Promote use of Non –Vehicular Transport Alternatives		
WI Pedestrian Transportation plan required for UW College Campuses	Transportation planning to evaluate the transportation needs of the campus population. The plan shall include pedestrian walkways, bikeways, bike routes, bicycle storage racks, car and van pools and, to the extent feasible, improved mass transit services and detail parking management strategies which provide incentives for the use of mass transit and high occupancy vehicles.	s. 36.11(8m)
WI plan for bicycle and pedestrian transportation for Technical Colleges	Transportation Planning for the district school to effect energy resource conservation and efficient use of transportation resources. The plan shall focus on improved mass transit services. The transportation plans shall detail parking management strategies and parking fee policies which provide incentives for the use of mass transit and high occupancy vehicles. S.38.12(6)	s.49.688,s.227.11(2), and WI Code HFS 109
Encourage state employees to use non-vehicular transport	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. Fee established under this subsection for parking at every facility,except the parking specified in par.em.16.843(2)(bm).	s. 16.82 (5)

WI STATE POLICIES INFLUENCING PHYSICAL INACTIVIY

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
Encourage state employees to use non-vehicular transport	Establish bicycle storage racks adjacent to the capitol and all state office buildings.	s.16.84(13)
Support non-vehicular transport	Planning for bicycle facilities. The department shall draft model local zoning ordinances for the planning, promotion, and development of bikeways and bicycle racks.	s. 85.023
Support pedestrian and bicycle transport	The Department of Transportation shall administer a bicycle and pedestrian facilities program to award grants of assistance to political subdivisions for the planning, development or construction of bicycle and pedestrian facilities.	s. 85.024 (2)
Support non-vehicular transport	Publish bicycle rules and make such literature available without charge to local enforcement agencies, safety organizations, and schools and to any other person upon request.	s. 85.07 (4)
Promote Physical Education in the Schools		
Mandate physical educationPI 18.03 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 to be granted a high school.	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)
Promote Physical Activity in School Age Youth		
Administer Safe Routes to School (SRTS) programs.	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).	22-9
Improve Access to Healthy Food		
Women, Infants, and Children (WIC) Program	Supplemental food program for women, infants, and children benefits, the amount in the schedule to provide a state supplement under s.49.17 to the federal special supplemental food program for women ,infants and children authorized under 42USC 1786.	s.20.437(2)gr s.20.437(2)em
University of Wisconsin Extension Nutrition Education Program Strategic Plan 2003-2005	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/overview/index.com
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.	
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.	

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.

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 COMMUNITIES

The community is the largest area to make people aware of poor nutritional habits as a risk for some forms of arthritis. Communities can work to create a healthy environment that supports people in choosing healthy foods. Multi-strategy interventions like using mass media, public policy, and environmental change to promote messages of healthy diet and physical activity can be used.

Farmers markets, community gardens, and stores and restaurants that offer healthy foods are shown to have healthy communities. To get healthy and stay healthy, our environment has to change. Changes in policy at the state, regional, and local levels are needed to improve the environments where we live, learn, work, and play. Obesity is a modifiable risk factor for arthritis. Policies which bring environmental change support healthy eating, physical activity, healthy weight, and help to increase the quality of life for people in a community. A link established within communities and other organizations to make strategies to address obesity can be targeted to reach children, adolescents and adults across all races and socioeconomic levels. Communication efforts to promote physical activity and good nutrition across multiple settings to make healthy food choices, be physically active and achieve and maintain a healthy weight can have a positive impact and make strides towards a healthier lifestyle. Health services can play a central role in addressing obesity-related issues among people by providing screening, health information, and referrals to at risk populations.

WI STATE POLICIES INFLUENCING NUTRITION AND PHYSICAL INACTIVITY

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.
WIC Farmer's Market Nutrition Program	Provides WIC participants with checks to purchase locally-grown fresh fruits, vegetables and herbs at farmer's markets.	WIC Farmers Market Nutrition Act of 1992 (7 CFR Part 248)
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
Public markets; establishment; conditions; regulation Food products exempt from taxes	Give assistance in the organization, operation or reorganization of such public markets as are authorized by law and of cooperative association.	s. 93.06 (5)
Healthy food for seniors	Except as provided in par. (c), there are exempt from the taxes imposed by this subchapter the gross receipts from the sales of, and the storage, use or other consumption of, food, food products and beverages for human consumption.	s. 77.55
Extension of school lunch periods for serving lunches to authorized elderly persons	Any school district approved by the state superintendent may establish a system to provide the opportunity for authorized elderly persons to participate in its school lunch program.	Any school district approved by the state superintendent may establish a system to provide the opportunity for authorized elderly persons to participate in its school lunch program.
Senior Farmer's Market Nutrition Program	Provides eligible seniors with a voucher for use at a local farmer's market (can only purchase locally grown fruits and vegetables).	Department of Agriculture
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.	s. 115.34
School breakfast Program	Senior Care is Wisconsin's Prescription Drug Assistance Program for Wisconsin residents who are 65 years of age or older and who meet eligibility requirements. 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 applicable.	s. 115.343(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 COMMUNITIES

Joint injuries can be classified under such areas as bicycling and falls. Playground injuries are a common source of injuries in children. Pedestrian injuries and falls account for the majority of injuries. Accidents because of motor vehicle crashes are a common cause of injuries in adults. Policies can be made to make the living environment safe.

STATE POLICIES IMPACTING INJURY AND HEALTHCARE ACCESS

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
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.	s. 895.48
Establish emergency medical service board	There is created an emergency medical services board, which is attached to the department of health and family services under s. 15.03 895.54 Liability exemption; notification of release. A person is immune from any liability regarding any act or omission regarding the notification of any applicable office or person under s. 51.37 (10), 304.06 (1), 971.17 (4m) or (6m) or 980.11. This section does not apply to willful or wanton acts or omissions.	s. 15.195 (8)
Require emergency medical service personnel to be licensed or certified	No person may act as an ambulance service provider, medical technician or a first responder unless the person holds an ambulance service provider license, medical technician license, a first responder certificate issued under this section.	s. 146.50 (2)
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 commonwealth 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 aid, including, but not limited to, CPR defibrillation.	
Establish statewide EMS system	The plan includes an identification of priorities for changes in the state emergency medical service system.	s. 146.53
Oversee the development of emergency medical services	Emergency medical services programs: approved by the department, conduct an emergency medical services program using emergency medical technicians- paramedics for the delivery of emergency medical care to sick, disabled or injured individuals at the scene of an emergency and during transport to a hospital, while in the hospital emergency department until responsibility for care is assumed by the regular hospital staff, and during transfer of a patient between health care facilities.	s. 146.55(2)
Require First Responders to be certified	Except as provided in ss. 146.51 and 146.52, the department shall certify qualified applicants as first responders.	s. 146.50 (8)
Provide Medical Care/Health Insurance to Those in Need		
Badger Care	The department shall administer a program to provide the health services and benefits to persons that meet the eligibility requirements. The department may promulgate rules limiting access to the program under this section to defined enrollment periods. The department may also promulgate rules establishing a method by which the department may purchase family coverage offered by the employer of a member of an eligible family or by a member of a child's household under circumstances in which the department determines that purchasing that coverage would not be more costly than providing the coverage under this section.	s. 49.665(3)

STATE POLICIES IMPACTING INJURY AND HEALTHCARE ACCESS

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
WI Senior Care	Senior Care is Wisconsin's Prescription Drug Assistance Program for Wisconsin residents who are 65 years of age or older and who meet eligibility requirements.	s.49.688,s.227.11(2), and WI Code HFS 109
WI Medical Assistance Program	Medicaid is a federal/state program that pays health care providers to deliver essential health care and long-term care services to frail elderly, people with disabilities and low-income families with dependent children, and certain other children and pregnant women.	s.49.43 to 49.499,stats., and WI Admin.Codes HFS 101to108
Establish state level programs	Under the leadership of the state epidemiologist for chronic disease, the department shall conduct programs to prevent, delay, and detect the onset of chronic diseases, that the department determines are important to promote, protect and maintain the public's health.	s. 255.03
Regulate Provider Standards		
Registration of certain professions and occupations	(a) No person may practice medicine and surgery, or attempt to do so or make a representation as authorized to do so, without a license to practice medicine and surgery granted by the board. (b) No person may practice as a physician assistant unless he or she is licensed by the board as a physician assistant. (1) The affiliated credentialing board shall grant a license as a physical therapist to a person who does all of the following: Except as provided in s. 448.962 (1), a person who is not licensed as an occupational therapist may not practice occupational therapy, designate himself or herself as an occupational therapist, claim to render occupational therapy services or use the abbreviation "O.T." or "O.T.R." after the person's name. Registration of physicians; physician assistants; nurses, advance practice nurses, nurse anesthetists, nurse midwifes, practical nurses examinations; renewal; fees. Defines "athletic trainer," "athletic training," "occupational therapy," "occupational therapist," "physical therapy," "physical therapist," "sanitarians," etc.	s.448.03(1)(a) s.448.03(1)(b) s.448.53(1) 448.961(1) s. 441.06-15, 441.50, 448.01, 450.03-05 s. 448.965, 448.53, WI Admin. Code HFS 160

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 COMMUNITY

Communities can make significant impacts on smoking rates and exposure to secondhand smoke to prevent and reduce the death, disease, and health care costs related to tobacco use. Policy and practice changes through youth prevention, clean indoor air, treating tobacco addiction, and other initiatives can all be strategies in addressing the issue.

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 sub-jobber, 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

WI STATE POLICIES INFLUENCING TOBACCO USE

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
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)
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

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. Both campaigns are 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.

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).

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The Wisconsin Arthritis Program is a headquartered at Milwaukee Area Health Education Center. The Program applies a public health approach to arthritis through a cooperative agreement between the Centers for Disease Control and Prevention and the Wisconsin Department of Health Services, Division of Public Health, Bureau of Community Health Promotion.

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, Worksite Wellness Resource Kit
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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