HOPE
PREVENTION
CARE
EXERCISE
HEALTH

WISCONSIN ARTHRITIS
HEALTHCARE POLICY INVENTORY

WISCONSIN
ARTHRITIS
PROGRAM

TABLE OF CONTENTS

PURPOSE: PAGE 3

METHODOLOGY: PAGE 3

DEFINITION OF ARTHRITIS AND BURDEN: PAGE 4

IMPORTANCE OF HEALTHCARE, RISK FACTORS, AND INVENTORY BY RISK FACTOR

- PHYSICAL INACTIVITY: PAGE 6
- INJURY: PAGE 6
- POOR NUTRITION: PAGE 6
- OBESITY: PAGE 7
- TOBACCO: PAGE 7

KEY PUBLIC HEALTH MESSAGES: PAGE 12

EVIDENCE BASED PROGRAMS AND PROMISING PRACTICES: PAGE 12

ACKNOWLEDGMENTS AND RESOURCES: PAGE 14

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 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 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%

DEFINITION OF
ARTHRITIS & BURDEN

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 HEALTHCARE SETTINGS?

Healthcare settings help in prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the health professionals. Healthcare Facilities include hospitals, nursing homes, home healthcare, emergency medical services, clinics and dental offices, or any other location where medical care is provided. Health care environment and policy strategies can be implemented to improve quality of care and make people aware of modifiable risk factors. Combining medical technology and the human touch can help the health care industry's administrative efforts to provide care around the clock, responding to the needs of millions of people—from newborns to the critically ill.

RISK FACTORS IN HEALTHCARE 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 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 HEALTHCARE

Physical inactivity is a modifiable risk factor for arthritis. Research shows that physically inactive people are expected to use more healthcare services than active people. This inactivity increases costs on the collectively funded health insurance programs. The lack of physical activity impacts medical care costs and is likely to continue as a result of an aging population, unless trends in physical activity change. Clinicians can assess how much physical activity their patients are getting and explore reasons that they aren't more active. Promoting the physical activity campaign as a part of healthcare information to patients would be a step towards creating awareness and reinforce the implementation of healthy lifestyle behavior programs. The most promising interventions in primary care practices include patient goal setting, written exercise prescriptions, individually tailored physical activity regimens, and follow-ups. Clinicians can also refer patients to community resources where they can join group activities to promote and reinforce physical activity.

Interventions

- » Education of Physical Activity benefits
- » Development of evidence based interventions
- » Making policies and environmental changes to encourage physical activity in daily living
- » *Physical Activity. The Arthritis Pain Reliever Campaign*

INJURY

Previous joint injury is a well-established, independent risk factor for osteoarthritis. The chronic overuse of joints and the more 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.

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

Some Professions Have High Risk of Injury

Three occupations with the greatest number of injuries and illnesses were 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 (1,329 deaths, the lowest annual total since 1993) accounted for nearly 1 in 4 of the fatal work injuries in 2006. Construction-associated deaths (1,226) and transportation and warehousing deaths (832) were the other top categories. There was a large increase in aircraft-related fatalities, to 215 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.

Agriculture ranks among the most hazardous industries.

Every day, about 243 agricultural workers suffer lost-work-time injuries, and about 5% of these result in permanent impairment

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 HEALTHCARE

Healthcare settings are a good place to spread the messages related to the link between poor nutrition and arthritis. Health professionals can teach the principles and benefits of a healthy diet and exercise. It is also important to have some organizational policies providing the patients and the staff with healthy meals. In a hospital setting assessing needs of patients, educating the patients, and making availability of nutritional foods, fluids and care is a key to fighting poor nutrition.

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 HEALTHCARE

With a marked increase in the prevalence of obesity in our population, hospitals are seeing more patients who are at risk for the development of chronic diseases, such as arthritis. The healthcare workforce of nurses, psychologists, nutritionists, physicians, occupational and physical therapists, all provide care for patients trying to lose weight. Healthcare settings can help by creating an educative and supportive environment for obese patients. Obesity is a modifiable risk factor for arthritis. Providing an environment with the accessibility and availability of tools needed to promote a healthy body weight in healthcare systems can help to address the obesity epidemic.

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 HEALTHCARE

Tobacco use is a significant contributor to health care and lost productivity costs. Healthcare professionals and clinicians can play an important role in accelerating the progress in reducing tobacco use through education, treatment, and referrals to eliminate dependency.

WI STATE POLICIES INFLUENCING NUTRITION, PHYSICAL INACTIVITY, INJURY, AND TOBACCO USE

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)
Promote Clean Indoor Air		
Smoking restrictions	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.	WIS. STAT. § 101.123 (2004).
Improve Access to Medications for Controlling High Cholesterol		
Provide cholesterol lowering medications through state supported health care programs	BadgerCare/SeniorCare provide the following cholesterol lowering agents such as anti-lipedemics. http://dhfs.wisconsin.gov/Medicaid/pharmacy/pdl/index.htm (Pharmacy Consolidation Project) -The budget directed the Department of Health and Family Services (DHFS) to achieve $25 million in general purpose revenue (GPR) savings during the 2007-09 biennial budget by modifying the provision of pharmacy services that are currently provided through managed care contracts. To comply with this budget item, the DHFS will carve pharmacy out of Medicaid managed care benefits beginning February 1, 2008.	s.109.31s. 448.965, 448.53, WI Admin. Code HFS 160
Improve Access to Medications to Control Blood Pressure		
Provide anti-hypertensives through state supported health care programs	Badger Care/Senior Care provides ACE inhibitors , Calcium Channel Blocker Combinations, Angiotensin Receptor Blockers, BetaBlockers, Calcium Channel Blocking Agents: as mentioned in the statute http://dhfs.wisconsin.gov/Medicaid/pharmacy/pdl/index.htm * Badger Care administers medical assistance to Wisconsin residents whose financial resources are inadequate to provide for their health care needs. ** Senior Care is a Wisconsin program that provides prescription drug assistance for Wisconsin's residents aged 65 years or older who pay the enrollment fee and are not recipients of medical assistance.	s. 109.31

WI STATE POLICIES INFLUENCING NUTRITION, PHYSICAL INACTIVITY, INJURY, AND TOBACCO USE

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)
Extend Health Insurance Coverage		
Private employer health care purchasing alliance	Subd. 1. is shown as amended eff. 7–1–08 by 2007 Wis. Act 20, section 9121 (6) (a).)	s. 40.98(2)(a)1 Administered through the office of the Commissioner of Insurance
Continue health care coverage after termination from employment	The department shall enter into contracts with insurers who are to provide health care coverage under the health care coverage program.	s. 40.98 (2) (a) 3,4,5
Standardize Measures		
Health plan employer data and information set (HEDIS)	Its purpose is to provide to health care providers, insurers, consumers, governmental agencies and others information concerning health care providers and uncompensated health care services, and provide information to assist in peer review for the purpose of quality assurance.	WI Adm. Code HFS 120
Continue health care coverage after termination from employment	The department shall enter into contracts with insurers who are to provide health care coverage under the health care coverage program.	s. 40.98 (2) (a) 3,4,5
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.	s. 49.665(3)
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.49.665(3)and WI Adm. Code HFS 109
WI Medical Assistance Program	Medicaid is not a welfare program; it is a health insurance 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.49.43to49.499, stats ., and WI Adm. Code HFS101 to 108
Promote, Protect And Maintain The Public's Health		
Establish state level programs	(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.	s.448.03(1)(a)
Regulate Provider Standards		
Registration of certain professions and occupations	(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

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
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).

WI STATE POLICIES INFLUENCING TOBACCO USE

STRATEGY	PURPOSE/CONTENT	WI STATE POLICY
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.

ACKNOWLEDGEMENTS

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 and 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
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

NIOSH Safety
http://www.cdc.gov/niosh/topics/aginjury/

This publication was supported by CDC Cooperative Agreement Number U58/DP001462. Its content is solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

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).