

# The Wisconsin Arthritis Program— A new partnership to reduce the leading cause of disability

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The current and projected growth of the proportion of persons 65 years and older in the United States has focused attention on quality of life and independence in daily life. The maintenance of physical abilities with prevention and treatment of musculoskeletal conditions (e.g. arthritis and other rheumatic conditions, osteoporosis, chronic back conditions) is vital for preserving quality of life.<sup>1</sup>

Arthritis, in its many forms, affects 15% of the US population (over 43 million people) and 20% of the adult population, making it one of the most common conditions in the nation.<sup>1</sup> More than 7 million Americans have activity limitation due to arthritis, making it essential to identify modifiable risk factors and develop programs for management of these conditions. In Wisconsin, 34% of adults (approximately 1.3 million) report arthritis or chronic joint symptoms.<sup>2</sup>

Arthritis has a profound impact on the public's health because of the following: it is the leading cause of disability that limits major activities (working, household chores, personal care); it trails only cardio-

vascular disease as a cause of work disability; and it limits the independence of persons with arthritis and their families.<sup>3</sup>

Furthermore, the economic impact is noteworthy because nationally it is the source of at least 44 million visits to health care professionals, 744,000 hospitalizations, and 4 million days of hospital care per year.<sup>1</sup>

The 10-year national health plan, *Healthy People 2010*, has set the following specific arthritis-related goals and objectives:

*Goal:*

- Prevent illness and disability related to arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions.

*Objectives:*

- Increase mean number of days without severe pain among adults with chronic joint symptoms.
- Reduce the proportion of adults with chronic joint symptoms who experience a limitation in activity due to arthritis.
- Reduce the proportion of all adults with chronic joint symptoms who have difficulty performing two or more personal care activities, thereby preserving independence.
- Increase the proportion of adults with arthritis who seek help in coping if they experience personal and emotional problems.
- Increase the employment rate among adults with arthritis in the working aged populations.

- Eliminate disparities in the rate of total knee replacements.
- Increase proportion of adults who have seen a health care professional for their chronic joint symptoms.
- Increase the proportion of adults with arthritis who have had effective evidence-based arthritis education as an integral part of the management of their condition.

In addition, the State Health Plan, *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*, focuses on major risk factors of overweight, obesity and lack of physical activity as risk factors for development of arthritis and its associated disabilities.<sup>4</sup>

To help reach these objectives the Wisconsin Division of Public Health established a Wisconsin Arthritis Program in 2000. The Centers for Disease Control and Prevention (CDC) awarded funds to establish the program. The Wisconsin Arthritis Program is responsible for the following:

- Monitoring arthritis through epidemiology and surveillance. Epidemiology and surveillance serve as the foundation for the program. Data regarding the burden of arthritis and its complications will be used to identify high-risk groups, tailor interventions, reduce risk, and advocate for greater resources. The program initiated measurement of the burden of arthritis with Arthritis in Wisconsin, Wisconsin's first arth-

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## The Wisconsin Arthritis Advisory Council

By Lynnette Horwath and Virginia Thomas, MS

In May 1999, the Arthritis Foundation, Wisconsin Chapter and the Wisconsin Division of Public Health (DPH) sent representatives to "Building Partnerships to Address Arthritis," a conference hosted by the Centers for Disease Control and Prevention (CDC) and the National Arthritis Foundation. The conference's focus was the newly released National Arthritis Action Plan: A Public Health Strategy. In the emerging partnership between arthritis and public health, it was evident that new methods and strategies were required to address the huge impact of this disease. For the Wisconsin contingent, the question was, "How can these two organizations address concerns in our state?"

At that time, there was no arthritis program in the Wisconsin Department of Health and Family Services. The Arthritis Foundation knew that its statewide services and programs were able to impact only a small percent of Wisconsin residents with arthritis. Just two partnership projects existed involving Arthritis Foundation programs and local health departments.

By spring 2000, the Arthritis Foundation, Wisconsin Chapter received a National Arthritis Action Plan grant to hold two regional summits to explore the impact of arthritis in Wisconsin with potentially interested organizations and businesses. The Wisconsin Women's Health Foundation co-hosted the one-day summits, which planted seeds for a statewide arthritis council.

Initially representing 22 organizations, the Wisconsin Arthritis Advisory Council held its first quarterly meeting in October 2000. While the council had no funding, the commitment and drive of interested organizations made its inception possible. The Arthritis Foundation and the Wisconsin Department of Health and Family Services, Bureau of Chronic Disease Prevention and Health Promotion co-hosted the council, and the Foundation agreed to coordinate its efforts.

Initial council meetings were devoted to defining needs, looking at programs and services currently available, and exploring participating organizations' contacts and resources. Vision and mission statements were established and a set of bylaws was created and approved.

The council's long-term goal involved creating and implementing a statewide arthritis action plan, reflecting the goals of the national plan, and addressing needs specific to Wisconsin.

In October 2001, the CDC awarded DPH's Bureau of Chronic Disease Prevention and Health Promotion an establishment level grant to do the following:

1. Support data analysis to determine Wisconsin's burden of arthritis
2. Establish an ongoing arthritis surveillance system
3. Coordinate the development of a statewide Arthritis Action Plan

The council's efforts were now supported by an Arthritis Program at the state level, which helped it gain speed and momentum.

January 2003 saw the release of Arthritis in Wisconsin, the first ever report on the prevalence of arthritis in Wisconsin. Since then, the council, which now numbers over 50 statewide members, has prepared the Wisconsin Arthritis Action Plan. The plan aims at taking a coordinated public health focus, and its success will require additional partnerships to most effectively meet statewide needs. Its implementation has the potential to make a significant difference in the overall quality of life, improved functionality and limitation of pain that affects the over 1.5 million Wisconsin residents with some form of arthritis.

ritis surveillance report. In addition to presentation of current estimated prevalence information, the report documented that there is a strong association among arthritis, obesity, and physical inactivity. The program will study trends in knee osteoarthritis, the primary causes of expensive joint replacement surgery that have increased dramatically in the last decade. (Assessment of the exist-

ing Wisconsin specific data about arthritis is described elsewhere in this issue.)

- Coordinating statewide arthritis-related activities.

CDC and National Institutes of Health (NIH) research that focuses on prevention of arthritis, limiting its progression, and associated disabilities will benefit the program and its partners.

The program will provide state-

wide leadership for arthritis prevention, control, and management. In the past, the Arthritis Foundation—Wisconsin Chapter has been one of the only organizations providing statewide leadership. Through a network of partner organizations and individuals the program will coordinate and link arthritis-related programs throughout Wisconsin. Public health-based messages of early detection, pain reduction, weight loss and physical activity will be promoted through many networks.

The existing Wisconsin Arthritis Advisory Council, a diverse group of health, business, and advocacy groups, has agreed to serve as the Arthritis Program's consultative partnership group. Moreover, the Council has developed a five-year statewide plan to address the challenges of the prevalence of arthritis and its complication. The plan will be announced in 2003.

The Arthritis Program will join the other CDC-funded programs in the Bureau of Chronic Disease Prevention & Health Promotion: Cardiovascular Health, Tobacco and Diabetes Prevention and Control, Well Women (Breast and Cervical Cancer Screening) and Cancer Planning. Linkages with other statewide programs and partners will expand current networks.

### Develop an Arthritis State Plan

The National Arthritis Action Plan, along with *Healthiest Wisconsin 2010*, serves as the base of Wisconsin's Arthritis Plan. The Wisconsin Arthritis Advisory Council utilized the State Health Plan and Arthritis in Wisconsin to set priorities, develop initiatives, and implement projects. The Council employed a workgroup format to design the plan that encompasses strategies related to communication, training, public and professional education, policies, and system changes. The plan addresses approaches to identify disparities among minority and

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ethnic populations. The program will continue to work with state-level organizations, health systems, occupational settings, schools, the media, community organizations, and government agencies to develop the most appropriate community and statewide efforts to reduce the burden of arthritis in Wisconsin.

#### Implement initiatives

The program will support community-based interventions, such as the Arthritis Self-Help Course, an evidence-based educational program that has shown to be effective in reduction of pain and health costs; occupational therapy assistant training; and specialized Spanish Self-Management courses. Other initiatives will concentrate on community-based risk factor reduction (weight and physical inactivity) programs to reduce overweight and obesity, and progressive environ-

mental and policy strategies aimed at increasing the easy access to physical activity such as community design, land use, improved sidewalks, and walking trails.

#### Summary

There are known and effective strategies to prevent arthritis, reduce symptoms, decrease disability, and improve quality of life. For example:

- Weight management and physical activity may lower risk.
- Early diagnosis and appropriate self-management may decrease pain.
- Arthritis Self-help Course, an evidence-based education program, may reduce pain and enhance self-management.

The new Wisconsin Arthritis Program will engage citizens, health professionals, and organizations together as partners to reach more people in order to utilize effective

strategies to prevent arthritis, reduce symptoms, decrease disability, and improve quality of life.

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