

# Arthritis & Sustainability Lainey Faulkner, CPTA | January 2022



## Introduction



Lainey Faulkner, CPTA Community-Clinical Linkages Program Manager Bureau of Health Promotion Kansas Department of Health and Environment



# Kansas Arthritis Program

Division of Public Health – Bureau of Health Promotion, Community-Clinical Linkages Section

- Kansas Arthritis Program
- Diabetes and Cardiovascular Disease Prevention and Management Programs

Funded by a grant from the CDC Division of Population Health titled:

• DP18-1803 State Public Health Approaches to Addressing Arthritis



# **Kansas Arthritis Program**

Strategy 1: Disseminate arthritisappropriate evidence-based interventions (AAEBIs) and leverage other self-management interventions.

#### Strategy 2: Counsel and refer patients to increase physical activity, including participation in AAEBIs and walking.

#### Strategy 3: Promote walking.

Strategy 4: Raise awareness about arthritis burden and management.



- 1. Participants will be able to describe the basic details of the Chronic Disease Self-Management Program (CDSMP) and Walk With Ease (WWE).
- 2. Participants will be able to summarize options for sustaining the CDSMP and WWE programs beyond program implementation.



# **Public Health Impact of Arthritis**

• Arthritis is one of the major public health challenges in Kansas.

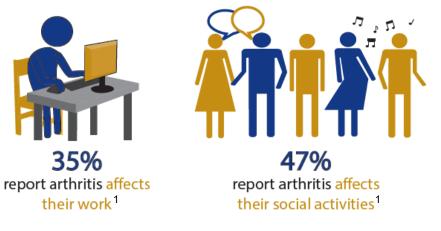


**1 in 4** Kansas adults has diagnosed arthritis.<sup>1</sup> That's more than

500,000 people.

• Arthritis affects quality of life including work, household chores and engaging in social and recreational activities.

**1 in 2** Kansas adults with arthritis is limited in their usual activities due to arthritis symptoms.<sup>1</sup>

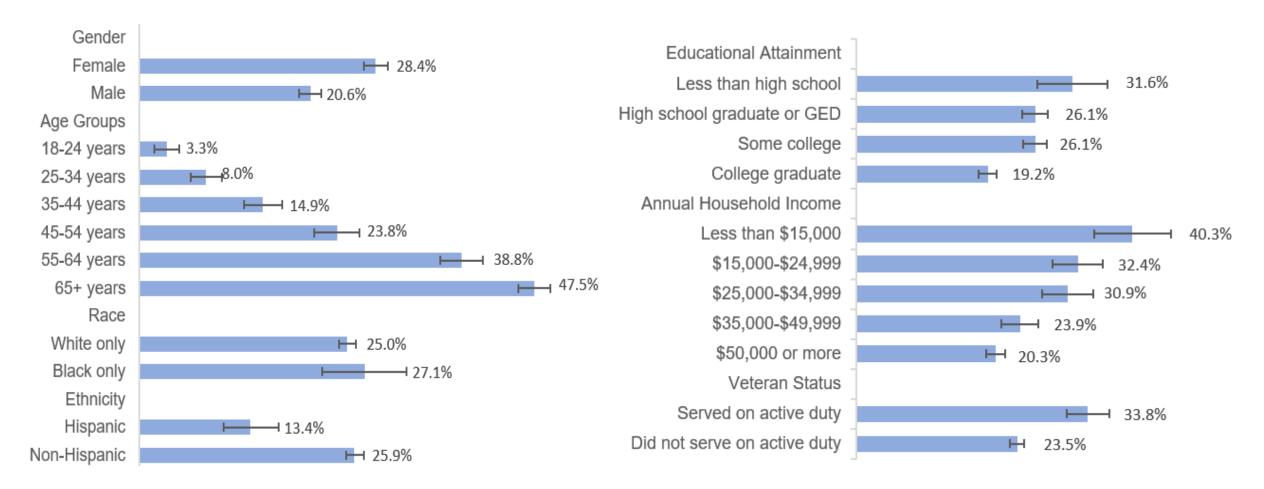


 In 2013, the total arthritis-attributable medical care costs and earnings losses among adults with arthritis in the U.S. were \$303.5 billion.<sup>2</sup>

Source: 1. 2017 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion 2. Arthritis Cost Statistics | CDC. Retrieved from https://www.cdc.gov/arthritis/data\_statistics/cost.htm



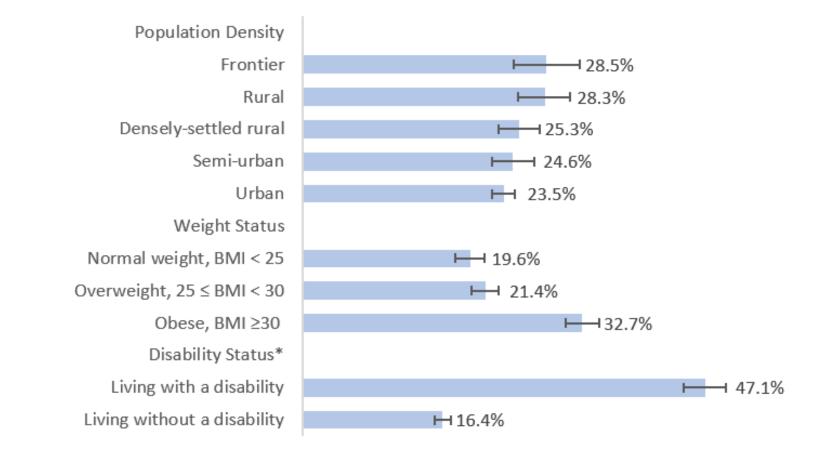
#### Percentage of Adults Ages 18 Years and Older with Diagnosed Arthritis, KS BRFSS 2020<sup>1</sup>



Source: 1. 2020 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion.



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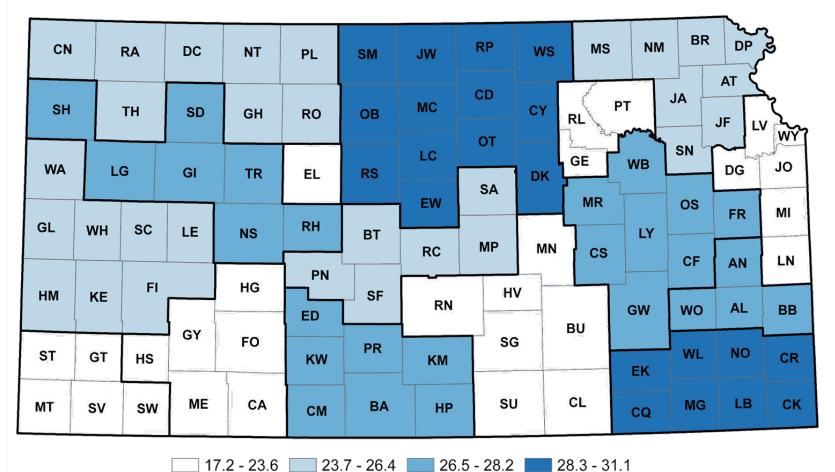
\*Living with a disability: Respondents who have at least one of the six disability types (hearing, vision, cognition, mobility, self-care, and/or independent living).

Source: 1. 2020 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion.

### Kansas Arthritis Burden in Kansas by Other Factors

#### Percentage of Adults Ages 18 Years and Older with Diagnosed Arthritis, KS BRFSS 2017<sup>1</sup>

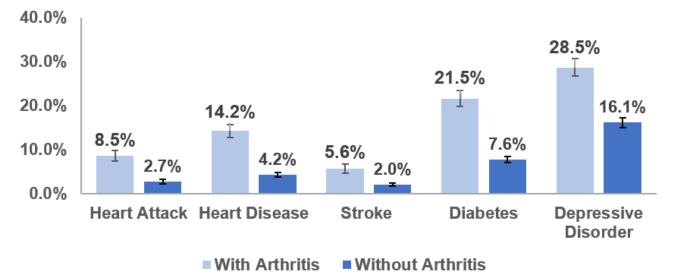
By Public Health Preparedness Regions



Source: 1. 2017 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion.



Prevalence of Adverse Health Conditions among Adult Kansans With and Without Arthritis, 2020\*



**Significantly higher** proportion of Kansas adults with arthritis also experience other serious and chronic health conditions than those without arthritis.<sup>1</sup>

**64%** of Kansas adults with arthritis have at least one other chronic health condition.<sup>1,\*</sup>

\* Other chronic conditions = asthma, cancer, COPD, coronary heart disease, diabetes, heart attack, hypertension, kidney disease, stroke

Source: 1. 2017 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion.

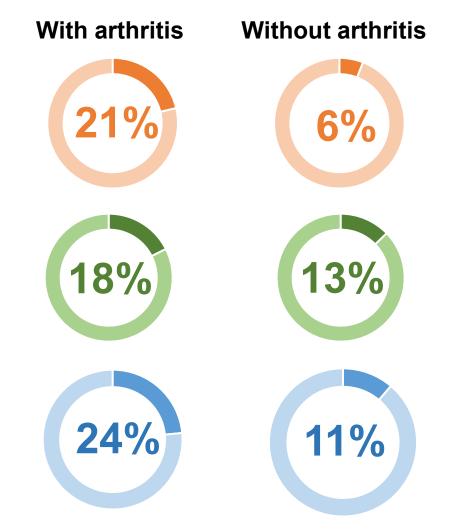


# 2020 KS BRFSS Quality of Life Indicators by Arthritis Status:

Percentage of Kansas adults whose **physical health** was **not good** on 14 or more days in the past 30 days

Percentage of Kansas adults whose **mental health** was **not good** on 14 or more days in the past 30 days

Percentage of Kansas adults whose **poor physical** or **mental health** kept them from doing their usual activities, such as self-care, work, or recreation



Source: 1. 2020 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion.

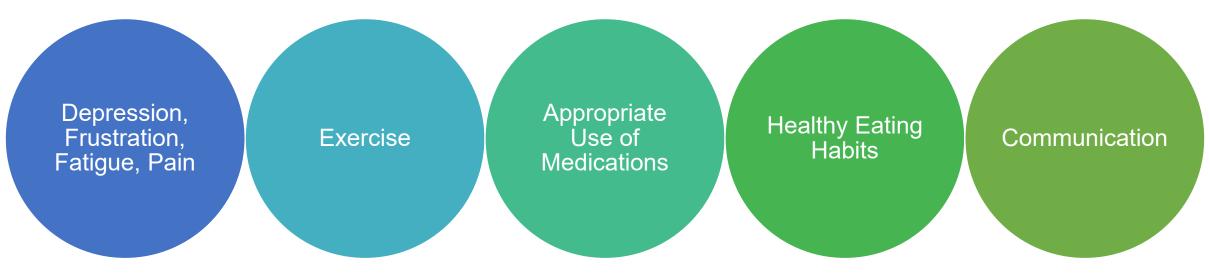


- Arthritis-Appropriate Evidence-Based Interventions (AAEBIs) are programs that have been proven to improve the quality of life of people with arthritis.
- The CDC Arthritis Program provides a list of evidence-based programs for:
  - Self-Management Education
  - Physical Activity



# **Chronic Disease Self-Management Program**

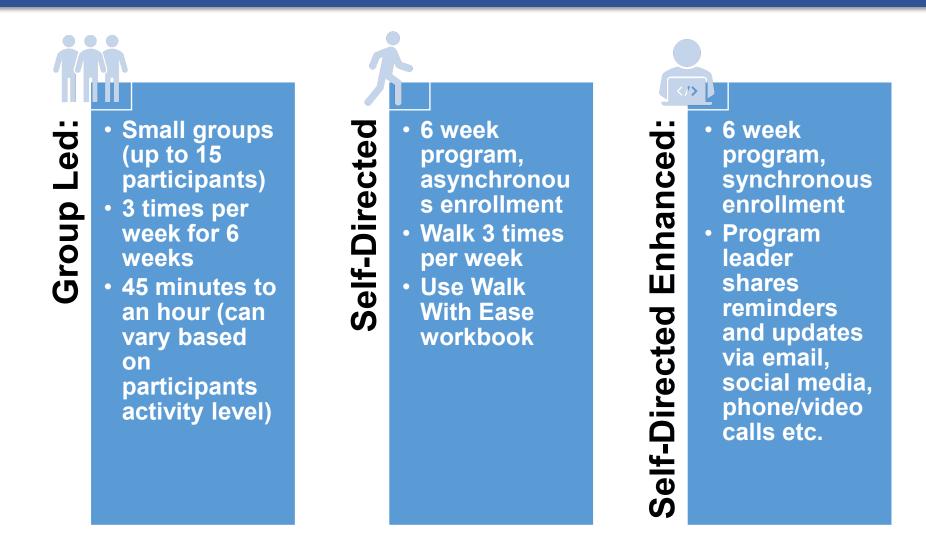
- The <u>Chronic Disease Self-Management Program (CDSMP)</u> is an evidencebased self-management program originally developed at Stanford University that was designed to help people with chronic conditions better manage their health.
  - Small group, interactive workshops (up to 16 participants)
  - 1 session per week for 6 weeks
  - 2.5 hour sessions
- Topics covered include:





## Walk With Ease

Walk With Ease (WWE) is an evidence-based walking program developed by the Arthritis Foundation that was designed to encourage people with and without arthritis to get started walking and stay motivated to keep active.





### **Arthritis Self-Management (1)**

Promote the expansion and sustainability of the Chronic Disease Self-Management Program (CDSMP) and/or the Walk With Ease (WWE) program by establishing partnerships with local Area Agencies on Aging, local Parks and Recreation, or local fitness organizations like the YMCA to coordinate and offer programming, including planning for future acquisition of program material (i.e. books).



## **CDRR Workplan**

#### **Required Performance Measures:**

- 1. Number of organizations coordinating and implementing one or more CDSMP program consistently (i.e., one or more class offerings per year).
- 2. Number of organizations coordinating and implementing one or more WWE program consistently (i.e., one or more class offerings per year).
- 3. Types of organizations coordinating and implementing one or more CDSMP program consistently (i.e., one or more class offerings per year).
- 4. Types of organizations coordinating and implementing one or more WWE program consistently (i.e., one or more class offerings per year).
- 5. Number of organizations engaged in the implementation of CDSMP or WWE programming. (Number for CDSMP, Number for WWE)
- 6. Type of organizations engaged in the implementation of CDSMP or WWE.
- 7. Number of leaders trained for CDSMP and/or WWE. (Number for CDSMP, Number for WWE)
- 8. Class information including: Class start and end dates, type, location name and address, and number of participants.

\*Similar to SFY22, class information (Performance Measure #8) will be reported to the Arthritis Program Manager quarterly via an excel spreadsheet



- Partner with existing organizations to offer AAEBI's
- Partner with worksites to offer AAEBI's as worksite wellness programs
- Counsel and Referral to AAEBI's
  - IRIS referral
- Couple with other chronic disease interventions
- Leverage funding opportunities
- Seek new funding opportunities



# **Existing Organizations**

### Partner with existing organizations to offer AAEBIs

- Local Area Agencies on Aging
- Local parks and recreation
- Local fitness organizations
- Local YMCAs,
- Local KSRE agents
  - WWE is an approved SNAP-Ed Intervention
  - WWE is part of the SNAP-Ed Strategies & Interventions Toolkit



## Partner with worksites to offer AAEBI's as worksite wellness programs

- Worksite CDSMP
  - An adaptation of the 6-week CDSMP program
  - 1 hour segments for the workplace (ONLY used in the workplace; it cannot be used in any other setting)
- WWE in the worksite
  - In-person
  - Self-Directed
  - Self-Directed Enhanced



Engage providers to counsel and refer patients to be physically active.<sup>2</sup>

 With counseling, encourage providers to include referral to a communitybased physical activity program or self-management education workshop based on the patient's readiness.

Providers can be doctors, nurses, pharmacists, physical therapists, etc.

Many resources are available to assist with counsel and referral.

- CDC
- <u>Exercise is Medicine Health</u>
  <u>Care Providers' Action Guide</u>
- Osteoarthritis Action Alliance
  - Osteoarthritis Prevention & Management in Primary Care
  - Engaging Patients in OA
    Management Strategies



Among adult Kansans with diagnosed arthritis<sup>1</sup>:

- 57% reported that their doctor or other health professionals suggested physical activity or exercise to help their arthritis or joint symptoms.
- 88% have never taken a class to learn about managing arthritis symptoms.
- 36% reported that their doctor or other health professionals suggested losing weight to help their arthritis or joint symptoms.



## Couple AAEBIs with other interventions

- National Diabetes Prevention Programs (DPP)
- Self Measured Blood Pressure Monitoring (SMBP) Programs
- Walkability/safe streets projects
- Link with cancer or tobacco screenings



# **Funding Opportunities**

# Leverage existing funding

- Title IIID funding
- SNAP-Ed

# Seek new funding opportunities

- Future KDHE opportunities
- Administration for Community Living (ACL)



## Reach out to the Kansas Arthritis Program at KDHE!

• We can provide technical assistance and help you develop a plan for sustainability of your programs.



### Contact information:

### Lainey Faulkner

Community-Clinical Linkages Program Manager Kansas Department of Health and Environment Email: Lainey.Faulkner@ks.gov Phone: 785-291-3583





- 1. 2017 Kansas Behavioral Risk Factor Surveillance System. Kansas Department of Health and Environment, Bureau of Health Promotion.
- Centers for Disease Control and Prevention. Treating and Managing Arthritis. CDC.gov. <u>https://www.cdc.gov/arthritis/healthcare/treating\_arthritis.html</u>. Accessed on 1/10/2022.