

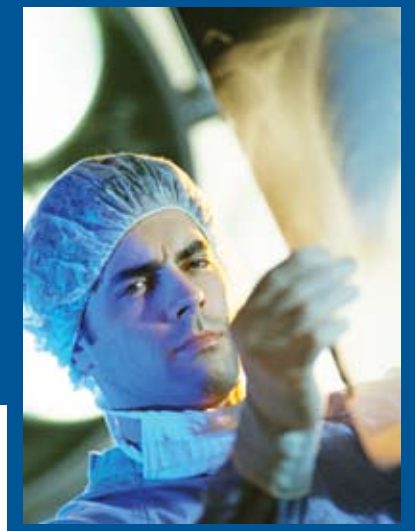


# 2009-2014 Arthritis State Plan



**Texas Arthritis Program**

**June 2009**





# Foreword

In 1998, the Centers for Disease Control and Prevention, in association with the National Institutes of Health and the Arthritis Foundation, released the first National Arthritis Action Plan. This plan was a comprehensive “blueprint” that defined the broad steps that we as a nation must take to reduce the public health impact of arthritis. In 2003, the first Action Plan on Arthritis was developed by the Texas Task Force on Arthritis, building on the strategies outlined in the National Arthritis Action Plan. The 2003 Arthritis Action Plan provided a set of strategies and action steps for addressing arthritis in Texas, with specific timelines and recommendations for organizations and groups to accomplish the action steps.

In 2008, the Texas Arthritis Program and Texas Arthritis Advisory Committee collaborated on the development of a revised plan, this time bringing together a broad group of experts. The Texas Arthritis Partnership was formed, comprised of partners with diverse backgrounds and perspectives, which provided a

new synergy to create a plan that opens up exciting possibilities and opportunities for addressing arthritis in Texas.

The 2009-2014 Arthritis State Plan (Plan) represents the efforts of partners from state, local and community level organizations, the health

care industry, and the academic and non-profit sectors. The Plan identifies activities that call for coordination among all levels, and by working collaboratively, can be addressed statewide. While the Plan builds on some of the strategies outlined in the 2003 Arthritis Action Plan, it expands the vision with the addition of new partners,

goals, and objectives. The Plan is designed to provide an overview of the state of arthritis in Texas and identifies strategies that can be implemented over the next five years.

It is our hope that the Plan will benefit Texans by guiding coordinated efforts to reduce the burden of this chronic and disabling disease on our citizens.

## Purpose of the 2009-2014 Arthritis State Plan

*“to provide an overview of the state of arthritis in Texas and identify strategies that can be implemented over the next five years”*

### Call to Action:

Partners and stakeholders at the local, regional and state levels are called upon to adopt and incorporate the goals and objectives of the 2009-2014 Arthritis State Plan into their organizational business operations. By working collaboratively on a unified set of objectives and activities, Texans will benefit from an improved quality-of-life for the more than four million persons who live each day with the pain of this chronic and disabling disease.



# Acknowledgements

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The 2009-2014 Arthritis State Plan was developed through a joint planning meeting and considerable phone and e-mail communications among the Texas Arthritis Partnership. The commitment and contributions of the Partnership in this process were critical to the development of the Plan. Please see page 27 for a member listing of the Texas Arthritis Partnership.

The members of the Texas Arthritis Advisory Committee are to be recognized and commended for their willingness to give of their time and expertise to the Texas Arthritis Program as they work to fulfill their legislative charge of advising the program on its activities:

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# Executive Summary

Arthritis affects more than 46 million people nationally, resulting in substantial disability and \$128 billion in lost wages and medical expenditures every year. Arthritis is the most common cause of disability in the United States, limiting the activities of nearly 19 million adults.<sup>1</sup> In Texas, 4.1 million adults have doctor-diagnosed arthritis, of which 1.7 million report activity limitations severe enough to interfere with daily activities.

As the U.S. population ages, the number of adults living with chronic conditions will increase. The number of U.S. adults with doctor-diagnosed arthritis is expected to reach 67 million by 2030, and 25 million of those are expected to have an arthritis-attributable activity limitation.<sup>2</sup>

The Texas Arthritis Program at the Texas Department of State Health Services has been working since 1999 to improve the quality-of-life of Texans with arthritis by developing and maintaining an arthritis program; monitoring the burden of arthritis; increasing awareness of appropriate arthritis self-management; providing staff support to the legislatively mandated Texas Arthritis Advisory Committee;

promoting and expanding the reach of physical activity and self-management interventions; working with partners to increase Texas' capacity to address arthritis as a public health issue; and implementing the CDC health communication campaign, "Physical Activity. The Arthritis Pain Reliever."

The Arthritis State Plan was developed by the Texas Arthritis Partnership (Partnership), and provides a set of goals, objectives, and strategies for addressing arthritis in Texas. Nine objectives under three goal areas reflect Healthy People 2010 objectives, and are measurable using existing data sources. Other goals and objectives were identified by the Partnership as essential in comprehensively addressing arthritis in our state, and these objectives have specific measures and/or activities that can be monitored and evaluated. We encourage partners, when implementing these strategies, to monitor and evaluate their activities and share their successes and lessons learned with others. These objectives are realistic and achievable if all stakeholders working to reduce the burden of arthritis work collaboratively and use limited resources efficiently.



## Goals of the 2009 - 2014 Arthritis State Plan:

- Goal I:** Texans will experience improved health and quality-of-life through the prevention of risk factors.
- Goal II:** Texans with arthritis will experience improved health and quality-of-life through early diagnosis and treatment.
- Goal III:** Texans with arthritis will experience improved health and quality-of-life through the prevention of disability.
- Goal IV:** Texans with arthritis will experience improved health and quality-of-life by strengthening local and state capacity to address arthritis.



# Introduction

Chronic diseases affect older adults disproportionately and contribute to disability, diminished quality-of-life, and increased healthcare costs. While chronic diseases are among the most common and costly health problems, they are also among the most preventable and controllable.<sup>3</sup> This can be done if public health partners actively promote evidence-based health promotion programs and interventions that focus on improving health behaviors to delay the onset of chronic conditions and also self-management programs to reduce disability and improve quality-of-life. Public health programs today are increasingly focused on improving the quality-of-life, not merely its length.<sup>4</sup>

The Centers for Disease Control and Prevention has identified the following indicators that suggest the burden of chronic diseases will continue to rise:

- Aging of the U.S. population.
- Increasing prevalence of overweight and obesity.
- Lack of leisure time physical activity and physical inactivity.<sup>5</sup>

According to 2007 Behavioral Risk Factor Surveillance System data, more than four million Texas adults aged 18 and older reported having doctor-diagnosed arthritis. Of those, 1.7 million reported activity limitations severe enough to interfere with daily activities. In addition to the human and emotional toll of arthritis, the financial burden for Texas in 2007 was \$2.4 billion in arthritis-related hospitalization charges and \$67.9 million in Medicaid reimbursements.

Arthritis contributes substantially to disability, poor health-related quality-of-life, and increased direct and indirect costs in the form of lost wages and medical costs. Decreasing the burden of arthritis requires effective public health interventions that improve function, and decrease pain and disability among persons with arthritis.

In response to these challenges, the Texas Arthritis Partnership was created and developed the 2009-2014 Arthritis State Plan to increase awareness and understanding of these issues, and in so doing, mitigating the burden of this chronic disease on the citizens of Texas.

## Risk Factors Contributing to Arthritis

A risk factor increases the likelihood of developing a disease or condition. The more risk factors one has, the higher the risk of developing that disease or condition. Certain factors are shown to be associated with a greater risk of arthritis. Some of these risk factors are modifiable, while others are not.

### Non-Modifiable Risk Factors:

**Age:** The risk of developing most types of arthritis increases with age, and more than half of the elderly population (65+) is affected by arthritis.

**Gender:** Women are at higher risk of many forms of arthritis than men. Researchers believe that female hormones may play a role in arthritis.

**Genetic Predisposition:** Scientists have uncovered clear evidence that genetic factors are associated with an increased risk of developing many types of arthritis, including rheumatoid arthritis, osteoarthritis, juvenile arthritis, systemic lupus erythematosus and ankylosing spondylitis. More research is required, however, to learn about the specific genes associated with arthritis.

# Risk Factors Contributing to Arthritis

## Modifiable Risk Factors: A Call for Prevention

There are five clearly modifiable risk factors associated with increased risk for the development or progression of arthritis: weight, physical activity, injury, infection, and certain occupations.

- 1. Overweight and Obesity:** Being overweight, even just moderately, places increased burden on the joints and can increase arthritis pain and inflammation. Weight is not only a factor in the progression of osteoarthritis, but also in its development. For every additional pound gained, there are three additional pounds of stress placed on the knees.<sup>6</sup>

For an overweight person, weight loss is a key, modifiable risk factor for reducing strain on weight-bearing joints. Eating a calorie controlled diet that includes the daily recommended servings of fruits, vegetables, grains, proteins, and fat is important to achieving and maintaining a healthy weight.



- 2. Physical Activity:** Research has shown that physical activity is essential for decreasing arthritis pain, improving function, and delaying disability. Thirty minutes of moderate physical activity at least three days a week is recommended for people with arthritis. Three evidence-based self-management education programs and four physical activity programs are currently available to persons with arthritis.<sup>7</sup> (See page 20 for a listing of evidence-based arthritis programs.)



- 3. Injuries:** A past severe injury, or injuries, which damages cartilage and creates conditions favorable to its breakdown adds to osteoarthritis risk.<sup>8</sup> People participating in sports need to be aware of the long-term consequence of repeated joint trauma, because the long-term effects of severe joint injuries may not appear until later in life. The use of protective sports gear may result in reduced trauma to the joints.
- 4. Infections:** Certain gastrointestinal or genitourinary infections can lead to arthritis, which can persist for months or years after the initial infection is cured. Lyme disease, a bacterial infection transmitted by certain ticks, is associated with certain types of arthritis.<sup>9</sup> When participating in outdoor activities such as hunting, hiking, or camping, it is important to take preventive measures such as using insect repellent and wearing long sleeves and pants.
- 5. Certain Occupations:** Jobs requiring heavy physical labor, particularly those with repetitive stooping, crawling, or carrying heavy loads, can increase the risk of osteoarthritis.<sup>10</sup> People working in occupations requiring heavy labor should take appropriate precautions against injury. Wearing protective gear, such as back supports, braces and knee-pads, and practicing proper bending and lifting techniques can help protect the joints from injury.

# The Burden of Arthritis in Texas

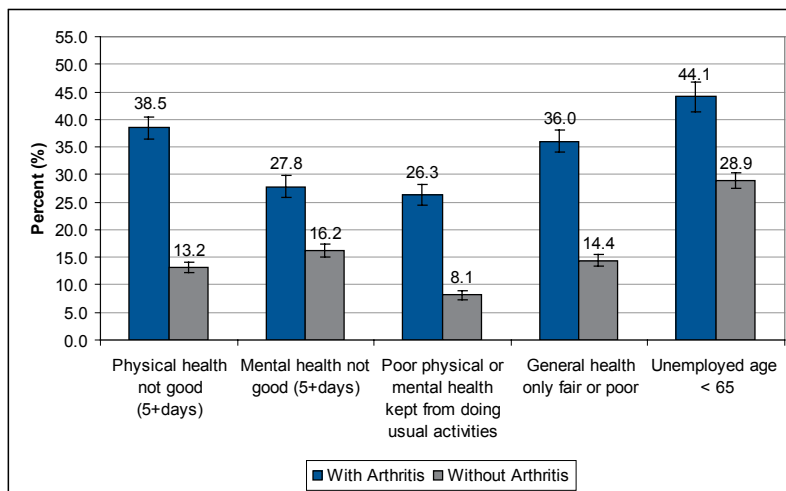
Having accurate and timely surveillance data allows states to measure the true burden of arthritis, and helps guide public health priorities, target interventions, and set healthcare policy. Surveillance data help us understand who is affected by a particular disease, what behaviors increase risk, and how the disease affects the person and his or her quality-of-life. Surveillance data can also be used to identify emerging health problems, establish and track health objectives, and develop, implement, and evaluate a broad array of disease prevention activities. Data on the medical costs help us understand the economic toll of the disease on the healthcare system.<sup>11</sup>

The Behavioral Risk Factor Surveillance System (BRFSS) is a national and state-based health survey that collects information on health behaviors, preventive health practices, and healthcare access, primarily related to chronic disease and injury. The BRFSS was established in 1984 by the Centers for Disease Control and Prevention (CDC) and is the largest telephone health survey in the world. States use BRFSS data



to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. BRFSS data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam, and more than 350,000 adults are interviewed each year.<sup>12</sup>

**Health-Related Quality of Life Among Adults with Doctor-Diagnosed Arthritis, Texas, 2007**



Data source: 2007 Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, DSHS

For surveillance purposes, the CDC case definition of doctor-diagnosed arthritis is defined by answering “yes” to the following question: “Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?”

The burden of arthritis in Texas is reflected not only in the high prevalence of the disease, but also in the daily activity limitations that people with arthritis experience and the negative impact it has on a wide range of health and quality-of-life measures.

# The Burden of Arthritis in Texas

## — 2007 Data —

### The following data clearly show the human, financial, and emotional toll arthritis takes on Texans:

- Twenty-four percent, or 4.1 million adult Texans reported doctor-diagnosed arthritis.
- Thirty-nine percent of adults reported their physical health as “not good” on five or more days of the preceding month due to arthritis.
- Twenty-seven percent of adult Texans reported five or more days of “mental distress” due to their arthritis.
- Forty-two percent of adult Texans with doctor-diagnosed arthritis reported arthritis-attributable activity limitations.
- Texas adults with arthritis were less likely to meet the recommendations for physical activity compared to those without arthritis (41 percent vs. 48 percent).
- Texans who were obese (32 percent) or overweight (23 percent) were more likely to report doctor-diagnosed arthritis than those of normal weight (18 percent).
- In 2007, there were \$2.4 billion in arthritis-related hospitalization charges and \$67.9 million in Medicaid reimbursements due to arthritis.

### The BRFSS Arthritis Optional Management Module was administered for the first time in 2007. This module collects data on the practices of healthcare providers in Texas regarding arthritis management.

#### BRFSS management data showed that in 2007:

- Twenty-nine percent of Texans reported that their doctor or healthcare professional had suggested losing weight as a way to help reduce arthritis and/or joint symptoms.
- Forty-five percent of Texas adults reported that their doctor or healthcare professional had suggested physical activity or exercise as a way to help reduce arthritis or joint symptoms.
- Ten percent of Texans reported they had taken an educational course or class to help manage problems related to their arthritis or joint symptoms.

#### Data Sources

##### BRFSS

2007 Texas Behavioral Risk Factor Surveillance System, Statewide Survey, for respondents 18 years and older.

##### Hospital Discharge Data

2007 Texas Health Care Information Collection, Inpatient Hospital Discharge Public Use File, for persons all ages. Arthritis (ICD-9 Code 710-719).

##### Arthritis Medicaid Claims

Fee for Service (FFS) and Patient Care Case Management (PCCM) clients, 2007. May not equal total charges because of data suppression (in some cases, the gender of the patient is not published in order to maintain data confidentiality).

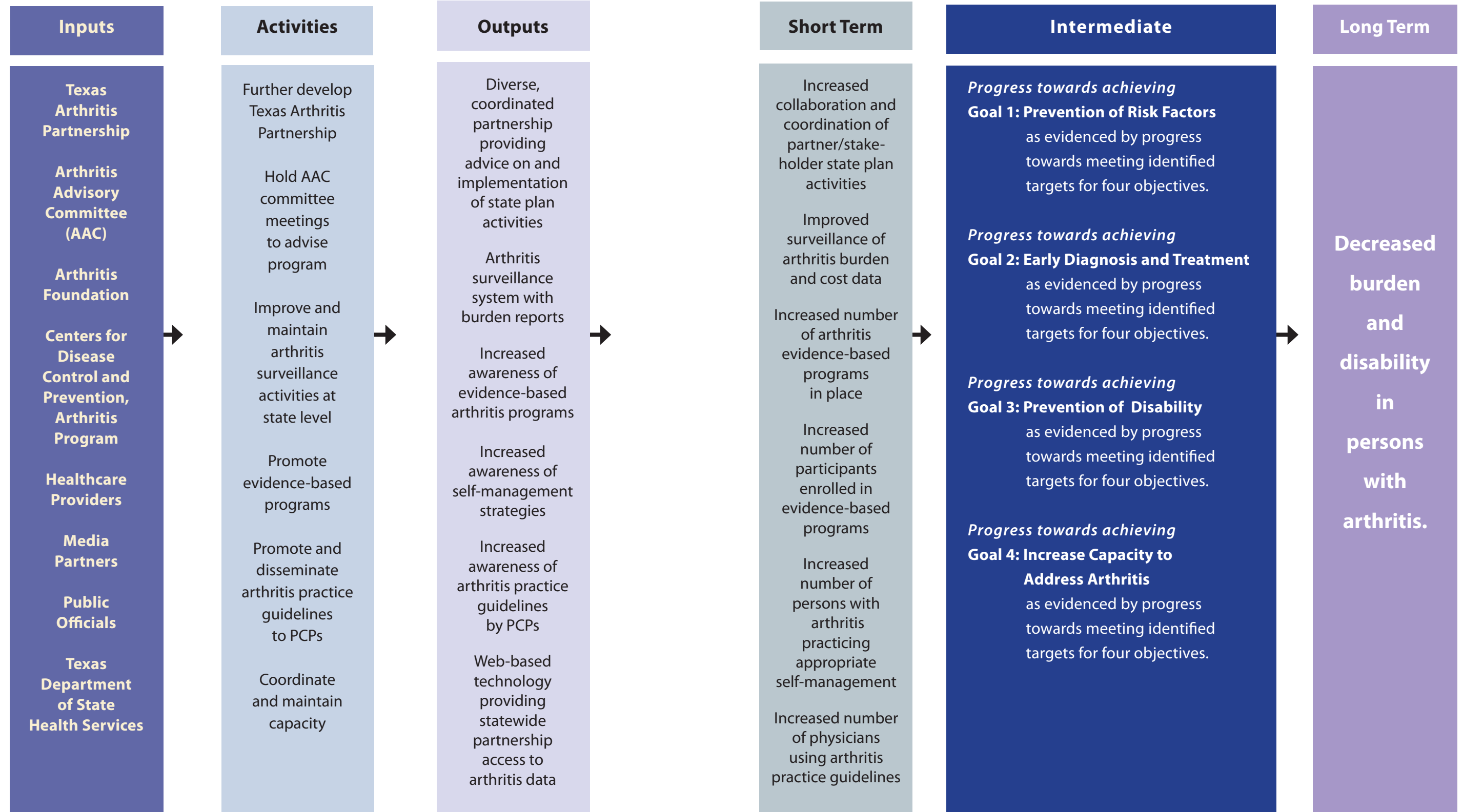
# Texas Arthritis State Plan



# 2009-2014 Logic Model

## PROCESSES

## OUTCOMES



# Texas Goals, Objectives and Strategies 2009 – 2014

The 2009-2014 Arthritis State Plan reflects a new set of goals, objectives and strategies for addressing the burden of arthritis in Texas.

Those who are already working on arthritis-related efforts should be able to identify where their activities fit within this plan. For those new to this field, the specific activities outlined in this plan can serve as your blueprint for implementation, which when completed, will help achieve short term objectives and longer term goals. We encourage partners to monitor and evaluate their activities and report on their successes and lessons learned. While some strategies require coordination at the state level, others will heavily depend on all partners working together in Texas. Texas can make progress in lessening the pain and disability associated with this chronic and disabling disease if all partners work collaboratively in addressing the burden of arthritis.

When appropriate, objectives for the Plan were taken from Healthy People 2010 and are measurable with existing surveillance data. Data sources for each objective are described in the table on pages 23-25.

Targets for 2014 were set by estimating a reasonable change that, with focused efforts, are thought to be achievable. In some cases, targets have been set by other chronic disease partners who are working on the same or similar objectives.

The Partnership will review progress towards objectives annually and update the Plan as appropriate.

## Goal:

A statement of a long term expected outcome.

## Objective:

A shorter term, measurable change that, when accomplished, will help in reaching the goal.

## Strategy:

A relatively broad approach to achieving an objective.





# Goals, Objectives, Strategies

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## Goal 1: Prevention of Risk Factors

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Primary prevention efforts target modifiable behaviors that increase the risk of arthritis. Modifiable risk factors include weight control, sports and occupational injury prevention, and infectious disease prevention and control.

Secondary and tertiary prevention efforts are aimed at early diagnosis and appropriate management, respectively. These measures include early diagnosis, and implementing interventions such as education, self management, physical activity, and weight control to limit the pain, disability and other effects of the disease once it is established.<sup>13</sup>

Diet and physical activity play critical roles in controlling weight and improving health. Regular physical activity is a proven strategy for managing arthritis pain and other conditions affecting the joints. People with arthritis should be evaluated by a physician before

starting any type of physical activity program, and a physical activity plan should be developed that matches one's condition to their abilities.<sup>14</sup>

Good nutrition is also vital to good health and disease prevention.<sup>15</sup> Overweight and obesity can affect quality-of-life by limiting mobility and decreasing physical endurance. Overweight and obesity are key risk factors in the development and progression of arthritis, as for every two-pound increase in weight, the risk of developing osteoarthritis is increased from 9 to 13 percent.<sup>16</sup>

The objectives under Goal 1 have a target date of 2012 instead of 2014 to be consistent with goals in the publication Updates for the Strategic Plan for the Prevention of Obesity in Texas (<http://www.dshs.state.tx.us/obesity/pdf/StrategicPlanUpdate.pdf>).

## Goal 1: Texans will experience improved health and quality-of-life through the prevention of risk factors.

Objective 1: By August 31, 2012, decrease the proportion of adults who do not engage in leisure-time physical activity from 28.3 percent to 20 percent.

### Strategies:

- Implement community-wide campaigns.
- Implement individually adapted health behavior change programs.
- Create/enhance access to places for physical activity combined with information outreach.

Objective 2: By August 31, 2012, increase the proportion of adults who engage in regular, preferably daily, moderate physical activity to at least 30 minutes per day from 46.5 percent to 50 percent.

### Strategies:

- Implement community-wide campaigns.
- Implement individually adapted health behavior change programs.
- Create/enhance access to places for physical activity such as parks, trails, bike lanes, and sidewalks combined with information outreach.

Objective 3: By August 31, 2012, reduce the proportion of adults who report a body mass index (BMI) (height and weight self-report) greater than 25 Kg/m<sup>2</sup> from 65.7 percent to ≤62.3 percent.

Strategies:

- Implement multi-component interventions aimed at diet, physical activity, and cognitive change at worksites and in other settings.
- Research evidence-based programs for maintaining a healthy BMI in college-aged adults.
- Implement community interventions that increase access to affordable healthy foods and places to be physically active.

Objective 4: By August 31, 2012, increase the proportion of adults age 18 and older who report eating fruits and vegetables five or more times per day from 25.2 percent to 35 percent.

Strategies:

- Enhance access to health foods and reduce access to unhealthy foods at worksites and in community settings.
- Provide information about produce that includes price and easy preparation ideas.

## Goal 2: Early Diagnosis and Treatment

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In the past, arthritis was thought of as something one inevitably developed with increasing age, and the resulting pain and disability was something one simply endured. Today we know that early diagnosis and treatment is central to effectively managing arthritis pain and preventing or delaying disability. Data show that adults with arthritis are less likely to see a healthcare provider than those without arthritis.

Appropriate medical management, patient and provider education, improved self-management, and physical activity, encouraged by the healthcare provider, can reduce arthritis pain and disability. Therefore, increasing the percentage of persons who seek diagnosis and treatment from healthcare providers for their arthritis symptoms is a critical public health strategy to address arthritis.<sup>17</sup>

### Goal 2: Texans with arthritis will experience improved health and quality-of-life through the early diagnosis and treatment of arthritis.

Objective 1: By August 31, 2014, increase the proportion of Texas adults who have seen a healthcare provider for their chronic joint symptoms from 69.6 percent to 73.1 percent.

Strategies:

- Identify funding sources to support state-added BRFSS surveillance questions.
- Encourage organizations to help de-bunk the myth that arthritis is a normal part of aging.
- Promote provider and patient education on arthritis and chronic joint symptoms.
- Promote early diagnosis and appropriate treatment of arthritis.
- Promote public health campaigns directed at early diagnosis and appropriate treatment.

Objective 2: By August 31, 2014, increase the number of Texas physicians to 5,000 who are utilizing the “Guidelines for Primary Care Physicians for Diagnosis, Treatment, and Referral of Patients with Common Musculoskeletal Conditions.”

Strategies:

- Review and update as appropriate the “Guidelines for Primary Care Physicians for Diagnosis, Treatment, and Referral of Patients with Common Musculoskeletal Conditions”.
- Work with the Texas Academy of Family Physicians to disseminate the guidelines.
- Work with partners to disseminate the guidelines to additional physician groups, such as pediatric and internal care physicians.
- Promote the implementation of guidelines by physicians in their practices.
- Survey physicians to assess the number who are utilizing the guidelines in their practices.
- Explore funding for the development and use of web-based programs and continuing medical education for physician education on the guidelines.

Objective 3: By August 31, 2014, increase the proportion of overweight and obese adults with doctor-diagnosed arthritis who receive healthcare provider counseling for weight reduction from 43.0 percent to 45.2 percent.

Strategies:

- Encourage physicians to counsel their overweight and obese patients on the importance of weight reduction in managing arthritis.
- Work with the Arthritis Foundation to identify and disseminate weight counseling recommendations to physicians.

Objective 4: By August 31, 2014, increase the proportion of overweight and obese adults with doctor-diagnosed arthritis who receive healthcare provider counseling for physical activity from 55.4 percent to 58.2 percent.

Strategies:

- Encourage physicians to counsel their overweight and obese patients on the importance of physical activity in managing arthritis.
- Work with the Texas Arthritis Foundation to develop and disseminate physical activity counseling recommendations to physicians.
- Distribute updated evidence-based program lists to healthcare providers twice a year.

### Goal 3: Prevention of Disability

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The personal, social, and emotional issues that persons with arthritis experience can be profound. The inactivity associated with the disability of arthritis puts individuals at higher risk for cardiovascular disease, diabetes, high blood pressure, high cholesterol, and overweight and obesity.<sup>18</sup> Health related quality-of-life measures are consistently lower for individuals with arthritis, as arthritis sufferers report more days of poor physical and mental health, more days of feeling poor, and a lower level of overall general health.

While there is no cure for arthritis, appropriate self-management can help people with arthritis manage pain, increase mobility, and delay disability. Staying physically active relieves arthritis pain and stiffness, and maintaining a healthy weight can delay the progression of the disease. Research shows that appropriate physical activity offers substantial benefits to people with arthritis and decreases arthritis pain and disability.<sup>19</sup> Healthy Peo-

ple 2010 objectives for preventing disability among persons with arthritis include those relating to pain, limitations, counseling, employment, early diagnosis, and education.<sup>20</sup>

To manage the pain and disability associated with arthritis, the Centers for Disease Control and Prevention's Arthritis Program recommends the following evidence-based programs: (located at <http://www.cdc.gov/arthritis/intervention/index.htm>)

#### Self-Management Education

- Arthritis Foundation Self-Help Course
- Chronic Disease Self-Management Program
- Spanish Chronic Disease Self-Management Program

#### Physical Activity Programs

- Active Living Everyday
- Arthritis Foundation Aquatics Program
- Arthritis Foundation Exercise Program
- EnhanceFitness

### Goal 3: Texans with arthritis will experience improved health and quality-of-life through the prevention of disability.

Objective 1: By August 31, 2014, increase the proportion of Texas adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition from 11.8 percent to 13.0 percent.

#### Strategies:

- Promote evidence-based programs for the management of arthritis.
- Educate the general public and healthcare sector on the importance and availability of evidence-based programs for the management of arthritis.
- Encourage healthcare providers to refer patients with arthritis to evidence-based programs.
- Develop referral pads to evidence-based programs for healthcare providers to use in their practices.
- Identify funding for statewide expansion of evidence-based programs.

Objective 2: By August 31, 2014, reduce the proportion of Texas adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms from 42.1 percent to 40.0 percent.

#### Strategies:

- Promote evidence-based programs for the management of arthritis.
- Encourage healthcare providers to refer patients with arthritis to evidence-based programs.
- Work with partners to promote physical activity and weight-management programs to persons with arthritis.

Objective 3: By August 31, 2014, reduce the percent of joint pain among adults with doctor-diagnosed arthritis from 76.4 percent to 72.6 percent.

Strategies:

- Promote early diagnosis and appropriate management of arthritis.
- Promote evidence-based programs for the management of arthritis.
- Encourage healthcare providers to refer patients with arthritis to evidence-based programs.

Objective 4: By August 31, 2014, increase the employment rate among adults with doctor-diagnosed arthritis working-aged population from 55.9 percent to 58.7 percent.

Strategies:

- Promote early diagnosis and appropriate management of arthritis.
- Promote arthritis self-management.
- Work with the National Office of Disability Employment Policy, Job Accommodation Network, to disseminate materials on arthritis accommodation services to Texas employers.

#### **Goal 4: Increase Capacity to Address Arthritis**

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Improving and strengthening Texas' capacity to address arthritis is essential to improving public health in Texas. Partners are central to this goal. Texas is a large state covering an area of 268,581 square miles and a 2008 projected population of 24.2 million. Texas has 254 counties that contain large urban populations as well as rural areas. The geographic size and diversity of Texas alone are challenges for partners with limited resources and multiple demands.

Improving Texas' capacity to address arthritis will require partners working collaboratively at all levels. The breadth and scope of issues related to arthritis requires a multi-disciplinary system that includes community-based organizations, academia, state and local governments, and the health care sector. Partners and stakeholders involved at all levels can use this plan to decide where their organization fits into the coordinated effort to address arthritis.

#### **Goal 4: Texans with arthritis will experience improved health and quality-of-life by strengthening local and state capacity to address arthritis.**

Objective 1: By August 31, 2014, the Texas Arthritis Partnership will meet once a year to review progress made on the goals and objectives of the state plan and develop new activities for the following year.

Strategies:

- Facilitate meetings of the Texas Arthritis Partnership.
- Identify funding sources to support annual partnership meetings.
- Continue to advance the engagement and commitment of the Texas Arthritis Partnership via e-mails, conference calls, and web-based technology.
- Continue to share data and resources and improve information dissemination among partners and stakeholders.
- Work collaboratively with partners to identify ways to increase information sharing on a statewide basis.
- Continue to explore ways to coordinate activities with chronic disease and arthritis-related programs and organizations.

Objective 2: By August 31, 2014, the Texas Arthritis Program will increase by a minimum of five the number of programs and/or organizations that will include arthritis-related data in their programs communications.

Strategies:

- Meet with programs/organizations to explore opportunities for cross-program collaboration.
- Provide arthritis-related information to programs for incorporation into their program communications/documents.
- Maintain ongoing relationships with programs via email, meetings, etc.

Objective 3: By August 31, 2014, the Texas Arthritis Program will maintain surveillance on Texas-specific arthritis data related to prevalence, co-morbidity, activity limitations, quality-of-life measures, and healthcare costs and produce a 2009, 2011, and 2013 Arthritis Burden Report.

Strategies:

- Work with DSHS BRFSS to monitor Texas-specific arthritis data.
- Work with partners to identify additional data needs and sources.
- Explore funding sources to support the BRFSS Arthritis Optional Management Module in each odd-numbered year.

Objective 4: By August 31, 2014, the Texas Arthritis Program will increase the number of entities that use Texas burden data.

Strategies:

- Identify new and cost-effective ways to disseminate arthritis-related data.
- Encourage partners to promote arthritis data in their work/publications.
- Publish all data reports on the Texas Arthritis Program website.
- Create slide presentations with current data for partners to use and share with their stakeholders.

# Texas Benchmark Indicators, Baselines and Targets

Benchmark Indicators	Baseline			2014 Targets
	Data Source	Measure	Year	
<b>Long term Goal: Decrease burden and disability in persons with arthritis.</b>				
Goal 1: Texans will experience improved health and quality-of-life through the prevention of risk factors.				
Proportion of adults who do not engage in leisure-time physical activity (HP2010)	Texas BRFSS	28.3 percent	2007	20 percent (Obesity Plan 2012 Target)
Proportion of adults who engage in regular, preferably daily, moderate physical activity to at least 30 minutes per day (HP 2010)	Texas BRFSS	46.5 percent	2007	50 percent (Obesity Plan 2012 Target)
Proportion of adults who report a BMI (height and weight self-report) greater than 25 Kg/m <sup>2</sup> (HP 2010)	Texas BRFSS	65.7 percent	2007	≤62.3 percent (Obesity Plan 2012 Target)
Proportion of adults age 18 and older who report eating fruits and vegetables five or more times per day (HP 2010)	Texas BRFSS	25.2 percent	2007	35 percent (Obesity Plan 2012 Target)
Goal 2: Texans with arthritis will experience improved health and quality-of-life through early diagnosis and treatment of arthritis.				
Proportion of Texas adults who have seen a healthcare provider for their chronic joint symptoms (HP 2010)	Texas BRFSS	69.6 percent	2007	73.1 percent (5 percent increase over 2007 Texas baseline)
Number of physicians utilizing the "Guidelines for Primary Care Physicians for Diagnosis, Treatment, and Referral of Patients with Common Musculoskeletal Conditions"	Possible data sources: TMA, TAFP		Developmental – baseline to be determined	

## Texas Benchmark Indicators, Baselines and Targets

Benchmark Indicators	Baseline			2014 Targets
	Data Source	Measure	Year	
Proportion of overweight and obese adults with doctor-diagnosed arthritis who receive healthcare provider counseling for weight reduction	Texas BRFSS	43.0 percent	2007	45.2 percent (5 percent increase over 2007 Texas baseline)
Proportion of overweight and obese adults with doctor-diagnosed arthritis who receive healthcare provider counseling for physical activity or exercise	Texas BRFSS	55.4 percent	2007	58.2 percent (5 percent increase over 2007 Texas baseline)
Goal 3: Texans with arthritis will experience improved health and quality-of-life through the prevention of disability.				
Proportion of adults with doctor-diagnosed arthritis who have had effective, evidence-based arthritis education as an integral part of the management of their condition (HP 2010)	Texas BRFSS	11.8 percent	2007	13 percent (10 percent increase over 2007 Texas baseline)
Proportion of Texas adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms (HP 2010)	Texas BRFSS	42.1 percent	2007	40 percent (5 percent decrease over 2007 Texas baseline)
Reported joint pain among adults with doctor-diagnosed arthritis (HP 2010)	Texas BRFSS	76.4 percent	2007	72.6 percent (5 percent decrease over 2007 Texas baseline)
Employment rate among working-aged adults with doctor-diagnosed arthritis (HP 2010)	Texas BRFSS	55.9 percent	2007	58.7 percent (5 percent increase over 2007 Texas baseline)

## Texas Benchmark Indicators, Baselines and Targets

Benchmark Indicators	Baseline			2014 Targets
	Data Source	Measure	Year	
Goal 4: Texans with arthritis will experience improved health and quality-of-life through strengthening local and state capacity to address arthritis.				
Advance the efforts of the Texas Arthritis Partnership	DSHS	One annual meeting per year		Process measure – Indicators and baseline to be determined
Number of programs and/or organizations that will include arthritis-related data into their program’s communications	DSHS, Texas Arthritis Partnership	Minimum of five		Developmental – baseline to be determined
Surveillance on Texas specific arthritis-related data	BRFSS, Medicaid cost data, Texas Hospital Discharge data	Burden Reports produced for years 2009, 2011, and 2013		100 percent completion rate
Number of organizations that use Texas burden data	DSHS, Texas Arthritis Partnership			Developmental – baseline to be determined



# Texas Arthritis Partnership

The Texas Arthritis Partnership is a committed group of stakeholders representing state, local, public and private, health care, academic, and business sectors throughout Texas. The Partnership has worked to assess the current state of arthritis in Texas and has identified gaps in services and needed resources. As a result, this plan was created to serve as a blueprint that defines the broad steps that we as a state must take to reduce the burden of arthritis on our citizens.

The Partnership is committed to promoting and working on the strategies proposed in this plan whenever possible to ensure that Texas realizes a coordinated and comprehensive approach to addressing arthritis in Texas.

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Texas Chapter

# Become Involved With the Texas Arthritis Partnership

If you would like to become involved with the Texas Arthritis Partnership and its coordinated efforts in addressing the burden of arthritis in Texas, please contact the Texas Arthritis Program at 1-888-963-7111, or 512-458-7200.

## **Opportunities include:**

- Disseminating programmatic information and health communication materials
- Working on partnership goal committees
- Epidemiology/surveillance
- Media/promotion opportunities
- Capacity building/public health infrastructure
- Advocacy efforts
- Resource development

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# Resources

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The following organizations provide public and professional education, programs, and resources for arthritis. This is not intended to be an exhaustive list but provides a sampling of what is available from credible sources.



## **Arthritis Foundation**

<http://www.arthritis.org/>



## **Centers for Disease Control and Prevention**

- Arthritis Program  
<http://www.cdc.gov/arthritis/>
- Behavioral Risk Factor Surveillance System  
<http://www.cdc.gov/brfss/>



## **Texas Department of State Health Services, Arthritis Program**

<http://www.dshs.state.tx.us/arthritis>



## **Healthy People 2010**

<http://www.healthypeople.gov/>



## **National Institute of Arthritis and Musculoskeletal and Skin Diseases**

<http://www.niams.nih.gov/default>



**Texas Department of State Health Services  
Arthritis Program**

**P. O. Box 149347  
Austin, Texas 78714-9347**

**Phone: 512-458-7200  
[www.dshs.state.tx.us/arthritis/default.shtm](http://www.dshs.state.tx.us/arthritis/default.shtm)**

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