



Environmental and Policy
Strategies to Increase
Physical Activity
Among Adults with Arthritis

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Learning Objectives

After this presentation, participants will be able to:

- Identify the costs (e.g., personal, healthcare) of arthritis nationally
- List the physiological and psychological benefits of physical activity for people with osteoarthritis
- Describe programs and strategies for safely increasing physical activity among people with arthritis
- Identify policy and environmental strategies for increasing physical activity among people with arthritis that they can work to implement over the next 12-24 months



Arthritis Foundation

- Improves lives through leadership in the prevention, control and cure of arthritis and related diseases.
- The only national, nonprofit health organization helping people take greater control of arthritis.
- Key areas of Foundation focus:
 - Osteoarthritis (OA)
 - Rheumatoid Arthritis (RA)
 - Juvenile Arthritis (JA)



What Is Arthritis?

- The word *arthritis* means joint inflammation.
- Arthritis comprises over 100 different diseases and conditions (50 million doctor diagnosed).
- The most common are osteoarthritis (27 million), gout (8 million) and rheumatoid arthritis (1.5 million).
- Common symptoms include pain, aching, stiffness, and swelling in and around the joints.



Myth or Fact?

- Arthritis is only an older person's disease
- Arthritis is a normal part of aging
- Physical activity will make arthritis worse
- Physical activity can cause arthritis
- Arthritis can cause disabilities



Facts

- Arthritis affects people of all ages.
- Arthritis is not a normal part of the aging process.
- Physical activity helps in minimizing pain and stiffness in joints.
- Moderate physical activity can reduce your risk for arthritis.
- Arthritis is the most common cause of disability



Who is at risk?

- Risk factors you cannot control:
 - Age 65 +
 - Female
 - Genetic/Family
 - History
- Risk factors you can control:
 - Excess weight
 - Joint injuries
 - Sports
 - Occupation
 - Uncontrolled inflammatory arthritis

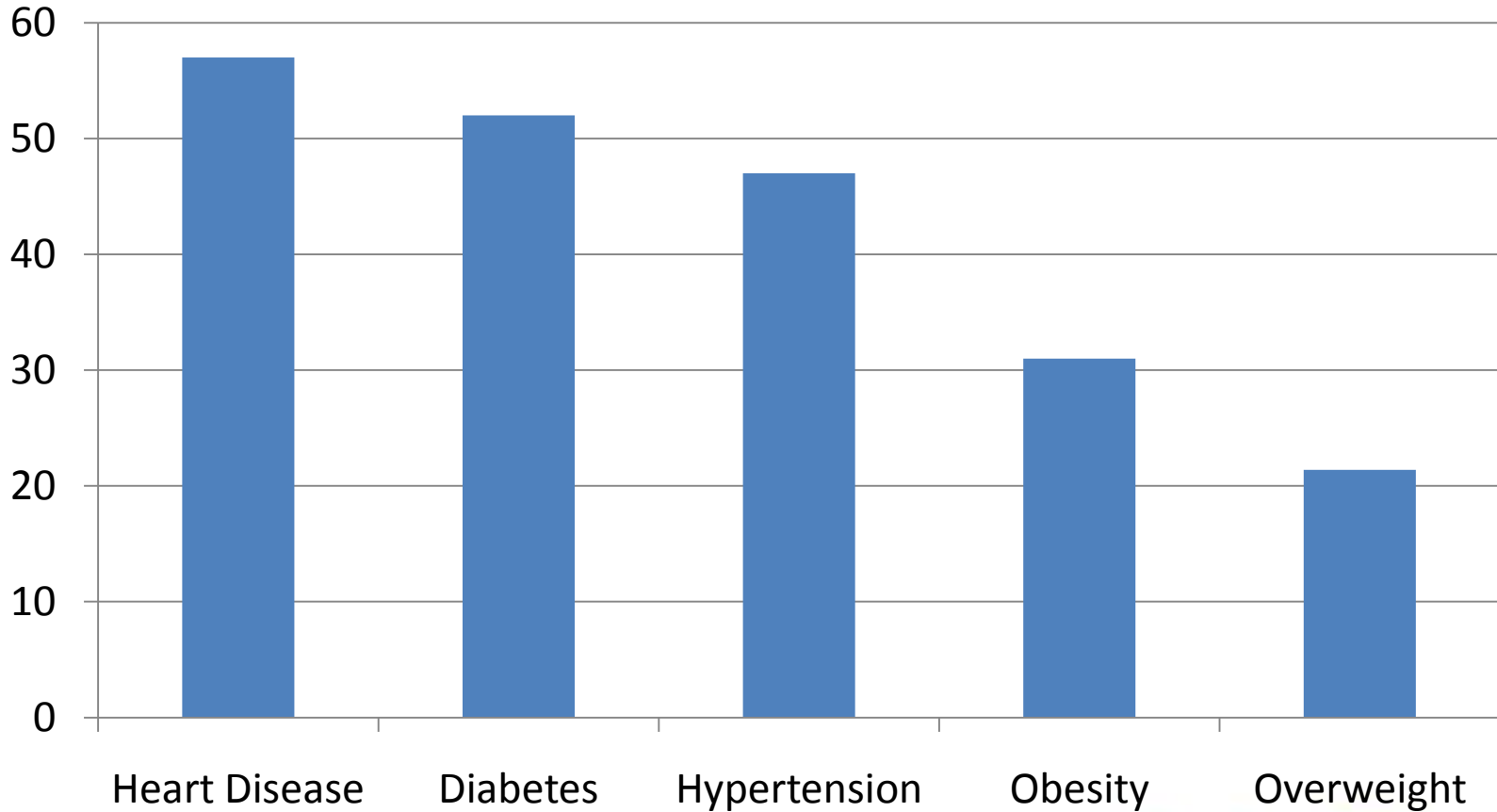


Huge Impact on U.S. and Business

- 50 million people diagnosed with arthritis (1 in 5 adults)
- By 2030, estimated to climb to 67 million people.
- Two-thirds of people with arthritis are under age 65
- 2nd most frequently reported chronic condition
- The leading cause of disability
- Activity Limitations
 - 21 million report activity limitations; growing to 25 million by 2030
 - 8 million (1 in 3) report work limitations, specifically
 - More frequent cause of activity limitation than heart disease, diabetes or cancer
- Enormous Cost
 - \$80.8 billion, direct costs (medical expenditures)
 - \$47 billion, indirect costs (lost earnings)
 - Total Cost: \$128 billion



Arthritis has an impact on adults with other chronic conditions



CDC/NHIS data



Physical Activity – Barriers for Adults with Arthritis

- Pain
- Fatigue
- Lack of mobility
- Lack of motivation
- Fear of pain
- Misconceptions about physical activity

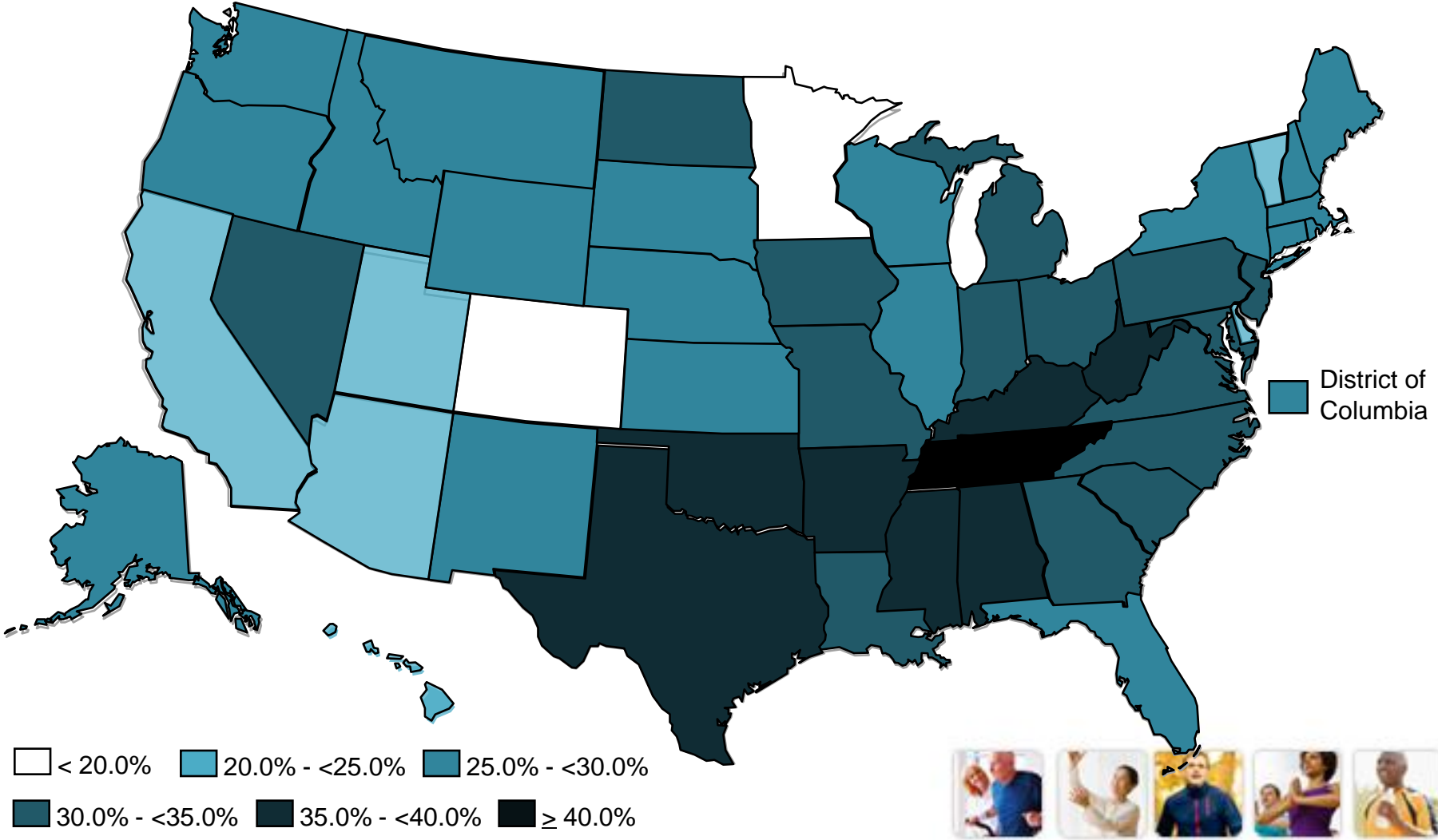


Physical Activity – Proven Benefits for Arthritis

- Decreases pain
- Delays/prevents disability
- Improves function
- Increases independence
- Improved aerobic capacity, muscle strength
- Improved quality of life



Prevalence of No Leisure Time Physical Activity Among Adults with Arthritis, Behavioral Risk Factor Surveillance Survey, 2009

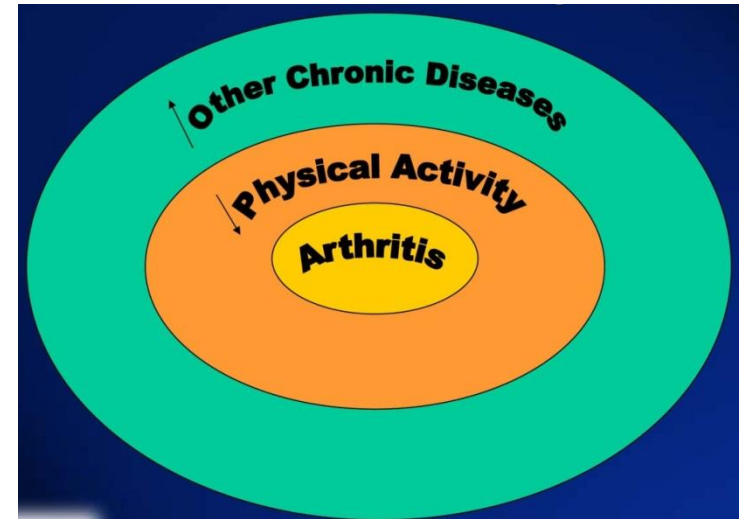


Boosting Physical Activity Among Adults With Arthritis



Physical Activity and Other Chronic Conditions

- Highest rates of physical inactivity are among adults with arthritis and heart disease, arthritis and diabetes, arthritis and obesity
- Learning to be physically active safely with arthritis is likely to help reduce the incidence and progression of other chronic conditions that commonly co-occur with arthritis.



What is **Policy, Systems and Environmental Change** and how can it be applied to arthritis?



Policy and Environmental Change

- Changing an environment to make healthier choices easier
- Supporting healthy behaviors that prevent chronic diseases
- Examples: tobacco-free public spaces; seatbelt laws



Advantages of Policy, Systems & Environmental Change to Address Health Issues:

- Potential for *systemic change*: impacting all elements of an organization; often focuses on changing infrastructure within a school, park, worksite or health setting
- *Broad Reach*: Opportunity to “*level the playing field*” for all members of a community, including disproportionately impacted populations
- *Flexibility*: Consider the unique characteristics and needs of your community and implement initiatives to address them
- *Sustainability*: More likely to be sustained when the *champion* leaves or when there is no funding to support



Where you live affects how you live

You simply can't make healthy decisions if healthy options aren't available to you.





Boosting Physical Activity Among Adults With Arthritis





Boosting **Physical Activity** Among Adults With Arthritis





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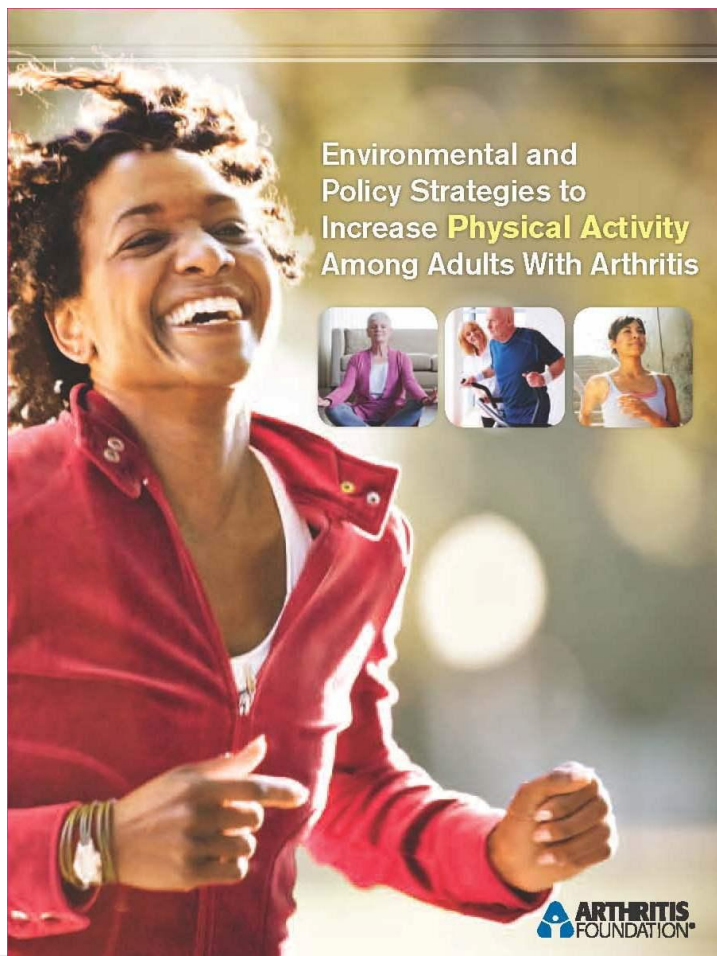




Boosting **Physical Activity** Among Adults With Arthritis



Environmental and Policy Strategies to Increase Physical Activity Among Adults with Arthritis



- The report focuses on the unique role of physical, social, and environmental factors in making physical activity accessible, convenient, and effective for adults with arthritis



Environmental and Policy Strategies to Increase Physical Activity Among Adults with Arthritis

- Funded by CDC grant DP 000607
- Brought together experts in physical activity and arthritis
- Reviewed strategies to assist people with arthritis to be more physically active
- Developed a report for professionals in six sectors:
 - Community and Public Health
 - Health care
 - Transportation, land use, and community design
 - Business and Industry
 - Park, Recreation, Fitness, and Sports
 - Mass Media and Communications



Top Priority Recommendations

- **Community and Public Health:**
 - Invest resources to deliver evidence-based physical activity programs for adults with arthritis
- **Health Care:**
 - Require health care professionals to ask arthritis patients about physical activity levels at every visit
- **Transportation, Land Use, and Community Design:**
 - Promote active living environments that can support adults with arthritis being physically active



Top Priority Recommendations

- **Business and Industry:**

- Incorporate the needs of adults with arthritis into worksite wellness programs without requiring a disclosure of arthritis diagnosis

- **Park, Recreation, Fitness, and Sport:**

- Make certain that parks and rec, fitness and sport professionals are trained on how to adapt and modify physical activity programs and exercises for adults with arthritis

- **Mass Media and Communication:**

- Promote evidence-based physical activity interventions through signage, media promotion, and public outreach



Park, Recreation, Fitness, & Sport Professionals Make a Difference!

Increasing physical activity among adults with arthritis



Arthritis Matters

Arthritis is the most common cause of disability in the United States, affecting 50 million adults. Arthritis costs our nation \$128 billion each year in medical expenses, lost earnings, and reduced productivity.

Physical activity is highly recommended for adults with arthritis. It can decrease pain, delay the onset of disability, and improve physical functioning, mood, and independence. It also enhances quality of life, aerobic capacity, and muscle strength.

People with arthritis can safely engage in physical activity. A variety of evidence-based physical activity programs have been tested and proven appropriate, safe and effective at relieving symptoms for adults with arthritis (see back page for recommendations).

Unfortunately, far too few adults with arthritis are active enough. Almost 44% of adults with doctor-diagnosed arthritis report no leisure time physical activity, a considerably higher proportion compared with adults without arthritis. Low levels of physical activity place individuals with arthritis at further risk of inactivity-associated conditions such as cardiovascular disease, diabetes, obesity, and functional limitations.

Get Involved

Now...

- Include at least one evidence-based, arthritis-appropriate physical activity program in your menu of activities.
- Provide literature on arthritis and physical activity in all park, recreation, fitness, and sport facilities.
- Offer more low-impact and low-intensity exercise equipment for individuals with arthritis.
- Advocate for the development of sidewalks to create safe pathways to parks and recreation facilities.
- Install benches or rest areas in parks and recreation facilities to support greater use by adults with arthritis.
- Use tools such as audits or walkability checklists to determine if trails or paths are accessible to arthritis patients.

Over time...

- Enhance arthritis and exercise expertise of park, recreation, fitness, and sport professionals by supporting professional development programs or training.
- Include arthritis-specific information in all exercise certification programs and undergraduate exercise professional training curricula.
- Provide more sources of appropriate arthritis-friendly physical activity training for fitness professionals, peer leaders, etc.



Next Steps

- The AF will...
 - Lead implementation activities
 - Collaborate to institute many of the strategies recommended
 - Create an implementation guide
 - Find additional partners in each of the sectors to champion this report's recommendations
 - Track
 - The recommendations enacted
 - The number of people with arthritis with activity limitations
 - Implement the Arthritis Foundation Walk with Ease program in the workplace



SMALL GROUP DISCUSSION

- Split up into small groups
- Review one of the action briefs from the *Env. And Policy Strategies* report (back pocket)
- Brainstorm the following questions:
 - What are some strategies that you could do now in your community?
 - How do you go about getting those done?
 - Who should you partner with to accomplish the strategies?
 - What tools/resources do you need to implement the strategies?
 - What could stand in your way?
- Report back to the group



The Time Line: Some Illustrative Environmental Policy History on Two Major Health Issues

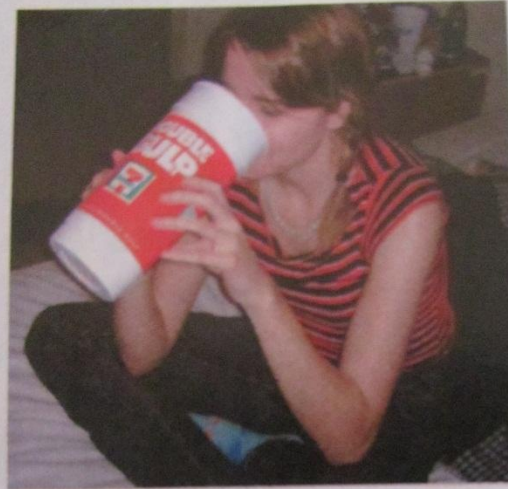
Smoking- 80 years of progress

- 1930's German Scientists assoc. lung cancer with smoking
- 1953, scientists at the Sloan Kettering Institute in New York City demonstrated that cigarette tar painted on the skin of mice caused fatal cancers. This work attracted much media attention; the *New York Times* and *Life* both covered the issue. The *Reader's Digest* published an article entitled "Cancer by the Carton".
- 1975 Minnesota banned indoor smoking
- 1985 Aspen, Colo ban smoking in restaurants
- 1994-Cigarette executives state to Congress, "nicotine is not addictive"
- 1998 The Tobacco Master Settlement Agreement (MSA)
- 2009- 37 states have some kind of smoking ban



The Sugar Story....

1977: Prompted by testimony linking sugar to diabetes, a Senate committee report urges Americans to cut sugar consumption by 40 percent.



▲ **May 2012:** New York City Mayor Michael Bloomberg proposes a ban on sugary drinks exceeding 16 ounces. Days later, the Center for Consumer Freedom, a group backed by the fast-food industry, buys a full-page in the Sunday *New York Times*: "New Yorkers need a Mayor, not a Nanny." In September, the NYC Board of Health votes 8-0 to approve the ban. —**Maddie Oatman**



Lessons for the future

With this report, the AF and partners are beginning an exciting journey where we are in the first quarter of the game to improve physical activity for people with arthritis.

**Coming together is a beginning;
keeping together is progress;
working together is success.**

Henry Ford



Questions?

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