

2019

# A Community Health Approach to Arthritis in Utah



## Engaging Patients in Self-Management Education and Physical Activity



UTAH DEPARTMENT OF  
**HEALTH**  
Healthy Aging Program

## Acknowledgements

This report was prepared by the following staff at the Utah Department of Health:

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## Partnerships

We thank our partners for supporting us in improving the lives of people in Utah living with arthritis.

Arthritis Foundation Great West Region

Bear River Association of Governments

Bear River Health Department

Carbon Medical Services

Central Utah Public Health Department

Centro Hispano

Comagine Health

Davis County Health Department and  
Senior Services

Utah Division of Services for People with  
Disabilities

Five County Association of Governments

Healthy Living Through Environment, Policy, and  
Improved Clinical Care Program,  
Utah Department of Health

Intermountain Healthcare

Mountainlands Community Health Center, Inc.

National Tongan American Society

Salt Lake County Aging and Adult Services

Salt Lake County Health Department

Tooele County Health Department

Uintah Basin Medical Center

University of Utah Community Clinics

Utah County Health Department

Utah Independent Living Center

Veteran Affairs

Violence and Injury Prevention Program,  
Utah Department of Health

Weber Human Services

Weber-Morgan Health Department

## Introduction

### Who are we?

We are the **Utah Department of Health, Healthy Aging Program**, and we:

- Promote evidence-based physical activity classes and chronic disease self-management education workshops to adults with arthritis and other chronic health conditions through local health departments, healthcare systems, parks and recreation agencies, and community and senior centers.
- Create a system of community-based programs for healthcare providers, adults with arthritis and other chronic health conditions, and caregivers.
- Conduct communications campaigns to promote physical activity and self-management education.
- Provide infrastructure and technical assistance for partners offering physical activity classes and self-management education.

### What is our vision?

Our vision is to increase self-management skills and improve the quality of life for all Utahns affected by arthritis and other chronic conditions.

To find out more, contact us at:

- [healthyaging@utah.gov](mailto:healthyaging@utah.gov)
- Toll Free **888-222-2542**
- [www.livingwell.utah.gov](http://www.livingwell.utah.gov) or [www.arthritis.health.utah.gov](http://www.arthritis.health.utah.gov)

### What is the purpose of this report?

The purpose of this report is to:

- Increase awareness of arthritis and its impact on individuals and communities.
- Identify groups most affected by arthritis.
- Recommend best practices to healthcare providers and communities.

*Note: This report is not a replacement for individualized medical care. Patients should consult with their provider.*

## Arthritis 101

# What is arthritis?

### BRFSS Question

*“Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?”*

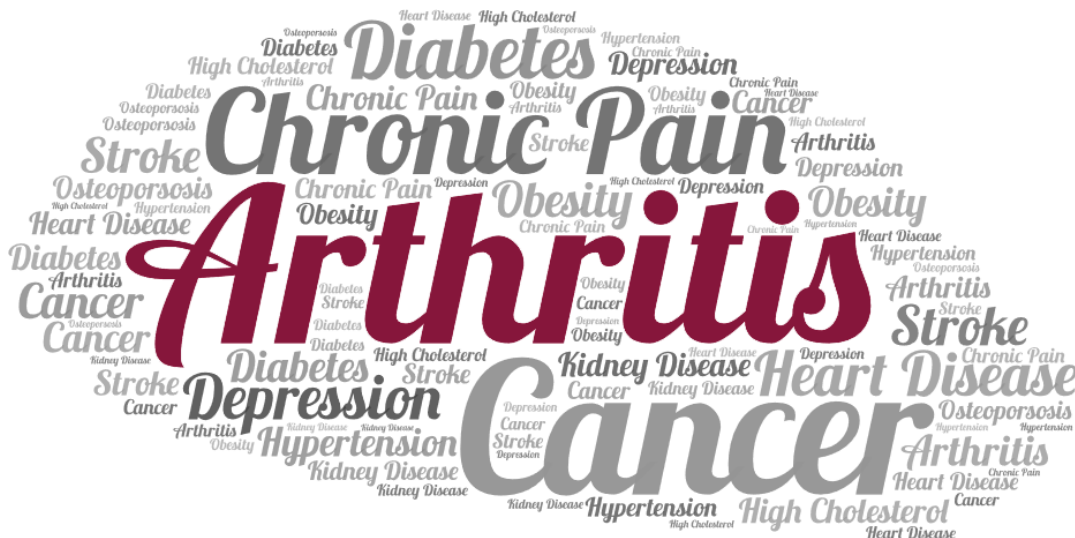
**A**rthritis encompasses more than 100 rheumatic diseases and conditions, including osteoarthritis (which is the most common), rheumatoid arthritis, gout, lupus, fibromyalgia, and bursitis.<sup>1</sup> Typically, rheumatic conditions are characterized by

inflammation, pain, and stiffness in and around one or more joints or connective tissues.<sup>2</sup>

The data in this report comes from the Behavioral Risk Factor Surveillance System (BRFSS) and refers to self-reported, doctor-diagnosed arthritis.

## How prevalent is arthritis?

In Utah, the crude rate of arthritis is **21.6%**.<sup>3</sup> Although the prevalence of arthritis has not significantly changed in recent years, approximately one in five adults or **480,000** individuals aged 18 and older have arthritis, making it one of the most common chronic conditions in Utah.<sup>4</sup>

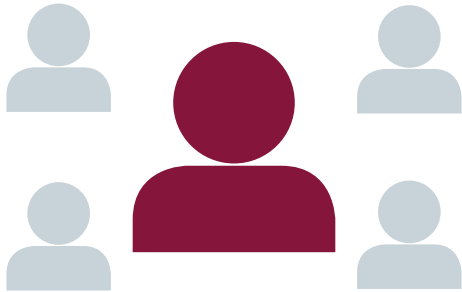


## By the Numbers



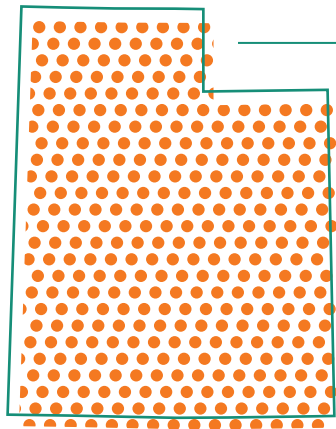
# 100

rheumatic diseases and conditions



# 1 in 5

Utah adults have arthritis



# 480,000

individuals aged 18 and older have arthritis in Utah



*"For an old timer, it is nice to be a graduate of this class. I have three degrees and it is good to again have my mind challenged!"*

*Chronic Disease Self-Management Program Participant*



## Arthritis Management

# How is arthritis managed?

**A**lthough arthritis is a chronic condition, symptoms can be managed. Increasing physical activity, losing weight, and participating in self-management education programs

are recommended activities to assist adults in managing the pain and limitations of arthritis.<sup>5,6</sup> However, these recommended activities are underutilized in practice.

### What about pain relievers?

In general, opioids provide small effects on pain in comparison to other treatment options.<sup>7,8</sup> Due to their potential side effects (e.g. nausea, dizziness, drowsiness, addiction), they should be avoided, especially for long-term use and for older adults.<sup>7,8</sup> Experts suggest prescribing opioids “only for short-term use in patients with severe and disabling symptoms in whom other interventions have failed or are not appropriate.”<sup>9</sup>

### Manage Symptoms

“  
...avoid  
prescribing opioids  
due to their overall  
small effects on  
pain over placebo  
and potential side  
effects, especially for  
long-term use and  
in the older adult  
population.”<sup>7,8</sup>



*“I have reduced my opioid prescription by 40% and will work on becoming opioid free!”*

*Chronic Pain Self-Management Program Participant*



## How are we doing?

RECOMMENDED



### Among those with arthritis:

**59.5%**

were told by their doctor or other health professional to exercise.<sup>10</sup>

**36.7%**

reported a doctor or other health professional suggested they lose weight.<sup>10</sup>

**13.6%**

reported attending a self-management class to learn how to deal with their arthritis.<sup>10</sup>

NOT RECOMMENDED



**42.6%**

reported taking opioids to treat chronic pain.<sup>11</sup>

**52.6%**

of those prescribed and taking opioids do not have severe joint pain.<sup>10</sup>

## Self-Management Education

# How can self-management education help?

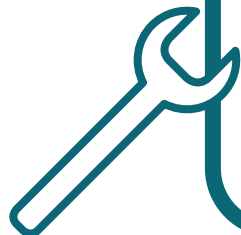
Self-management education programs (SME) have been rigorously evaluated and found to effectively help those with chronic conditions. SME emphasizes problem solving, action planning, and

skill-building. Participants gain confidence in their ability to manage their symptoms, which results in less stress, more energy, and an increased capacity to do the things they want.<sup>12-14</sup>

### Benefits of SME

- *Decreases fatigue*
- *Decreases stress*
- *Decreases depression*
- *Enhances social support*
- *Improves quality of life*
- *Improves cognitive symptom management*
- *Fewer days hospitalized*

### What skills are taught in SME workshops?



- Decision making
- Goal setting
- Problem solving
- Healthy eating
- Pain management
- Weight management
- Coping techniques
- Understanding emotions
- Evaluating treatments
- Communicating with family and friends
- Communicating with healthcare providers


## Available SME Workshops\*

*“The instructors were absolutely fantastic! This has been an awesome class for me and my husband! I hope to continue to use each thing I’ve learned while taking this class. I looked forward to every single session so I’m sad it has to end, but I will take away so much from this class.”*

*Chronic Pain Self-Management Program Participant*


**Living Well**  
with Chronic Conditions

A six-week workshop for people with long-term health concerns




**Living Well**  
with Chronic Pain

A six-week workshop for people with chronic pain




**Living Well**  
with Diabetes

A six-week workshop for people with diabetes



**Programa de Manejo Personal de la Diabetes**

Una clase de seis semanas para las personas con Diabetes



**Programa de Manejo Personal del Dolor Crónico**

Una clase de seis semanas para las personas con dolor crónico.



**Tomando Control de su Salud**

Una clase de seis semanas para las personas con condiciones médicas crónicas



\*Visit the Living Well website at [www.LivingWell.utah.gov](http://www.LivingWell.utah.gov) for information on languages classes are taught in.

## Physical Activity

# Why is physical activity important for arthritis management?

**A**rthritis symptoms often limit people from using affected joints, which can lead to loss of joint motion and muscle atrophy. This may lead to increased fatigue and decreased joint stability. It is important that patients exercise regularly in order to prevent or reverse these problems. A combination of strength training, range of motion exercises, and aerobic exercise are recommended for those with arthritis.<sup>6</sup>

**A**rthritis evidence-based physical activity classes are specifically designed for those with limited mobility and chronic pain. Certified instructors are trained to ensure the safety of all program participants and adapt movements according to their abilities. An arthritis diagnosis is not required to participate in a class.

### Benefits of Physical Activity Classes<sup>15-19</sup>

- Decreases fatigue
- Improves physical function
- Decreases depression
- Protects against falls and fall injury
- Provides a social benefit
- Promotes a physically active lifestyle
- Reduces medical care utilization costs
- Decreases unplanned hospitalizations
- Decreases mortality rates
- Maintains and improves strength, flexibility, and endurance



## Available Physical Activity Classes

### Arthritis Foundation Exercise Program

A low-impact class that can be done sitting or standing



*“At the beginning of the class, I could only go up one flight of stairs before having to stop and take a break. Now I can go up all three floors to get to my office.”*

Program Participant

### EnhanceFitness

A class that focuses on stretching, flexibility, balance, low impact aerobics, and strength training



*“The presenters were amazing-good chemistry between the two. It was life changing-gave me permission to do less and energy to do more.”*

Program Participant

### Tai Chi

Tai Chi for Arthritis/Health is a 1-hour class led by a trained instructor. Anyone 65 and older is welcome to join!



*“I have really enjoyed learning how to relax my mind and strengthen my body. I feel more confident and strong when doing the Tai Chi form. It helps me feel better about my body and self.”*

Program Participant

### Walk With Ease

A program that motivates you to get into shape by helping you walk safely and comfortably



*“I loved this program. It helps me to stay active, it makes me feel good about myself. It really motivates me to be healthy and to take care of myself as a woman. While I walk I do my prayers and this helps me a lot spiritually. I lost weight with this program Thanks!”*

Program Participant

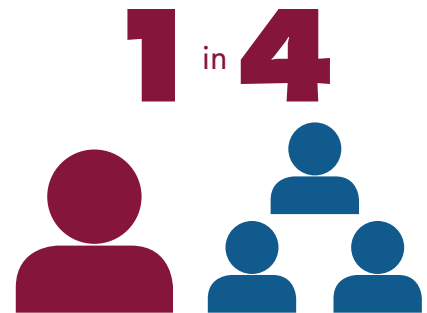
## Healthcare Providers

# Did you know?

Adults with arthritis can reduce pain and activity limitations by up to 40% by engaging in physical activity and other self-management strategies.<sup>20</sup> Still, one in four Utah

adults with arthritis are inactive and many may not be aware of available, proven community-based programs that can help manage arthritis.<sup>3</sup>

### Arthritis and Inactivity



people with  
**arthritis**  
are  
**physically**  
**inactive**

When educating arthritis patients about programs and physical activity, there may be unique barriers to consider<sup>21</sup>:

PHYSICAL	PSYCHOLOGICAL	SOCIAL	ENVIRONMENTAL
<ul style="list-style-type: none"> <li>• Pain</li> <li>• Fatigue</li> <li>• Limited mobility</li> <li>• Comorbid conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Attitudes and beliefs</li> <li>• Fear</li> <li>• Perceived negative outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of support</li> <li>• No exercise partner</li> <li>• Competing role responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of programs or accessible facilities</li> <li>• Environmental conditions</li> <li>• Cost</li> <li>• Transportation</li> </ul>

## Success Stories



*“The class has been very helpful. The instructors were wonderful and engaging and encouraged good discussion. I am grateful to be able to keep the book and will use it frequently as a resource to continue a healthy lifestyle. This class has had a great impact on me.”*

*Diabetes Self-Management  
Program Participant*



*“The class is very positive. The management tools will be helpful throughout my life. The teachers made everyone feel important. We learned communication skills as well as learning to identify problems and solutions. Then evaluating and adjusting the results builds confidence.”*

*Chronic Disease  
Self-Management  
Program Participant*



*“My success story is that I trust the people that taught this class and I can use the information...so I can take care of myself in my daily life.”*

*Diabetes Self-Management  
Program Participant*



## Healthcare Providers

# How do you encourage patients?

Evidence suggests that adults are more likely to attend an education program and engage in physical activity when recommended by a healthcare provider.<sup>22</sup> Providers have frequent opportunities to counsel patients on appropriate interventions. The Exercise is Medicine: Healthcare Providers' Action Guide can assist providers

to determine a patient's readiness for physical activity.

If a patient isn't ready to commit to physical activity, consider recommending a self-management education workshop. It can help patients learn the skills to identify and overcome obstacles to becoming physically active and reducing their pain.

### Exercise is Medicine!

*"...consider*

*recommending a*

*self-management*

*education workshop.*

*It can help patients*

*learn the skills*

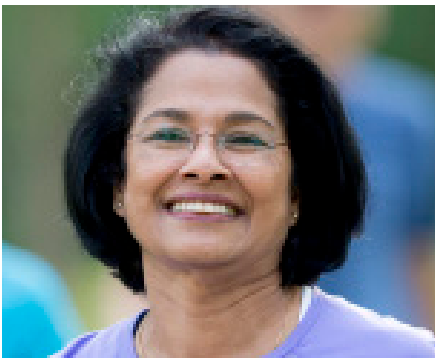
*to identify and*

*overcome obstacles*

*to becoming*

*physically active and*

*reducing their pain."*



*"Excellent program, deals with the whole person helping us to be more proactive in dealing with our problems. It is good to learn from each other."*

*Program Participant*

## Here are some questions frequently asked by patients:<sup>23</sup>

### Can I exercise with arthritis?

- Yes, arthritis-friendly physical activity is good for people with arthritis.
- Regular physical activity can help relieve your pain and stiffness, give you more energy, and enhance your mood.

### How much activity do I need?

- Benefits are seen when exercising as little as 1-2 times a week and do not worsen symptoms.
- Stay as active as your health allows, and change your activity level depending on your arthritis symptoms.
- Some physical activity is better than none.

### How do I exercise safely?

Be S.M.A.R.T.<sup>24</sup>

- Start with low intensity and slowly progress.
- Modify activity when arthritis symptoms increase, and try to stay active.
- Activities should be “joint friendly.”
- Recognize safe places and ways to be active.
- Talk to a health professional or certified exercise specialist.

### How can I manage pain related to exercise?

It’s normal to have some pain, stiffness, and swelling after starting a new physical activity program. It may take 6-8 weeks for your joints to get used to your new activity level.

- Until your pain improves, modify your physical activity program by exercising less frequently, for shorter periods of time, or with less intensity.
- Try a different type of exercise to reduce pressure on your joints—for example, switch from walking to water aerobics.
- Do proper warm-up and cool-down before and after exercise.
- Use hot or cold packs.
- Use shoe inserts, splints, canes, or walkers.

### When should I contact a doctor?

Contact your doctor if you experience:

- Pain that is sharp, stabbing, and constant.
- Pain that causes you to limp.
- Pain that lasts more than two hours after exercise or gets worse at night.
- Pain or swelling that does not get better with rest, medication, or hot or cold packs.
- Large increases in swelling or if your joints feel “hot” or are red.

## The Exercise is Medicine (EIM) Action Guide can also be a helpful resource for:

- Simple tips for starting the conversation about physical activity with your patients.
- Safety screening tools and instructions.
- Physical Activity Vital Sign questionnaire.
- EIM Physical Activity Prescription Form and referral

tools to help get your patients to qualified exercise professionals.

- Guidance on developing a network of qualified and trusted exercise professionals.
- Coding and billing tips.

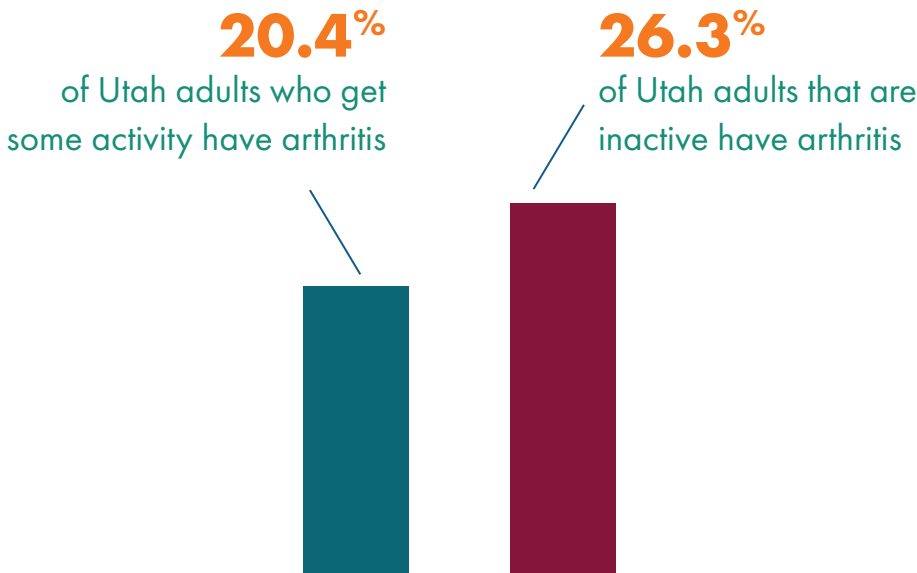
## Lifestyle Risk Factors

# Isn't arthritis a normal part of aging?

**A**lthough arthritis is increasingly common as people age, arthritis does not need to be a

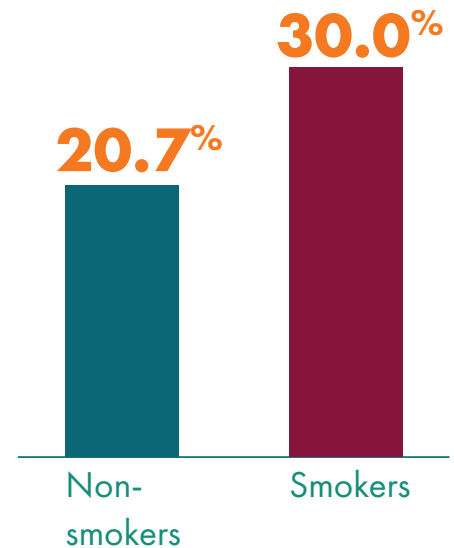
"normal" part of aging. There are many controllable factors that contribute to arthritis and one's quality of life.<sup>25</sup>

### Physical Inactivity

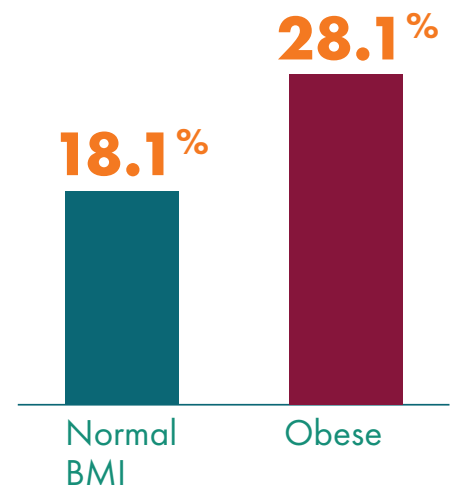


### Arthritis Prevalence in Utah

Adults who smoke are much more likely to have arthritis than non-smokers.<sup>25</sup>



Utah adults who are obese are significantly more likely to have arthritis than those of normal weight.<sup>25</sup>



## Self-Management Education Impact



*“This class helped me to see what I need to do in managing my diabetes. The action plans are great. Meeting others who have the same problem and learn from them about things I’d never thought of. Great instructors.”*

*Diabetes Self-Management  
Program Participant*



*“Thank you...for support given to each of us. Thank you for teaching skills to problem solve ALL kinds of things I deal with. This program will help my life goals and daily activities to run smoothly and easier. I now can reach out and help others as well.”*

*Chronic Disease  
Self-Management  
Program Participant*

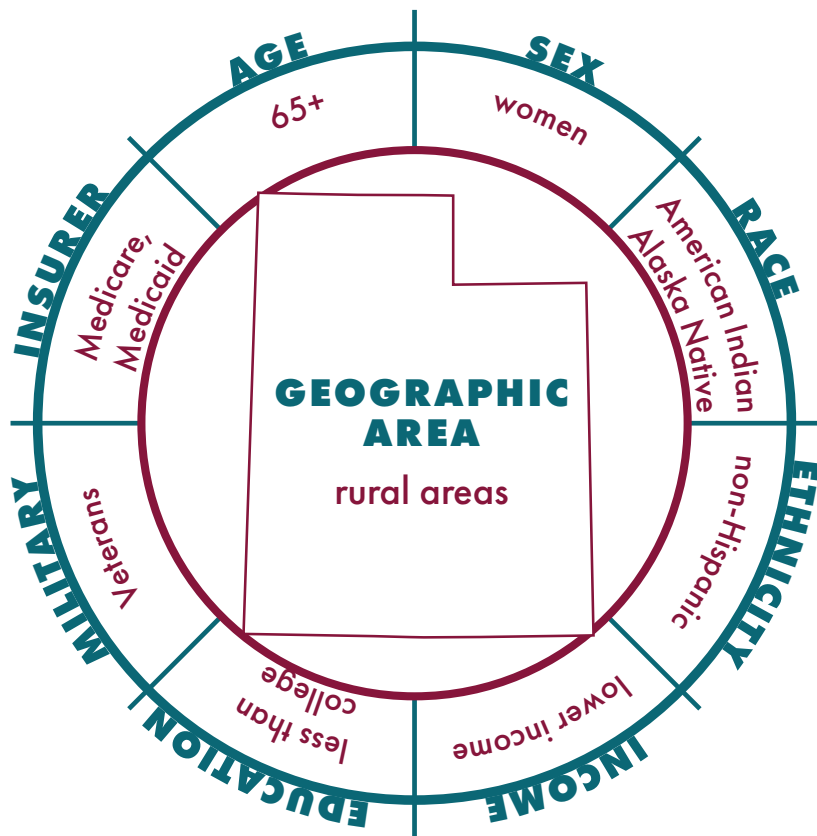


*“I have chronic pain and fatigue and had stopped exercising. I have started keeping track of my steps and will continue to increase my steps weekly.”*

*Chronic Pain  
Self-Management  
Program Participant*

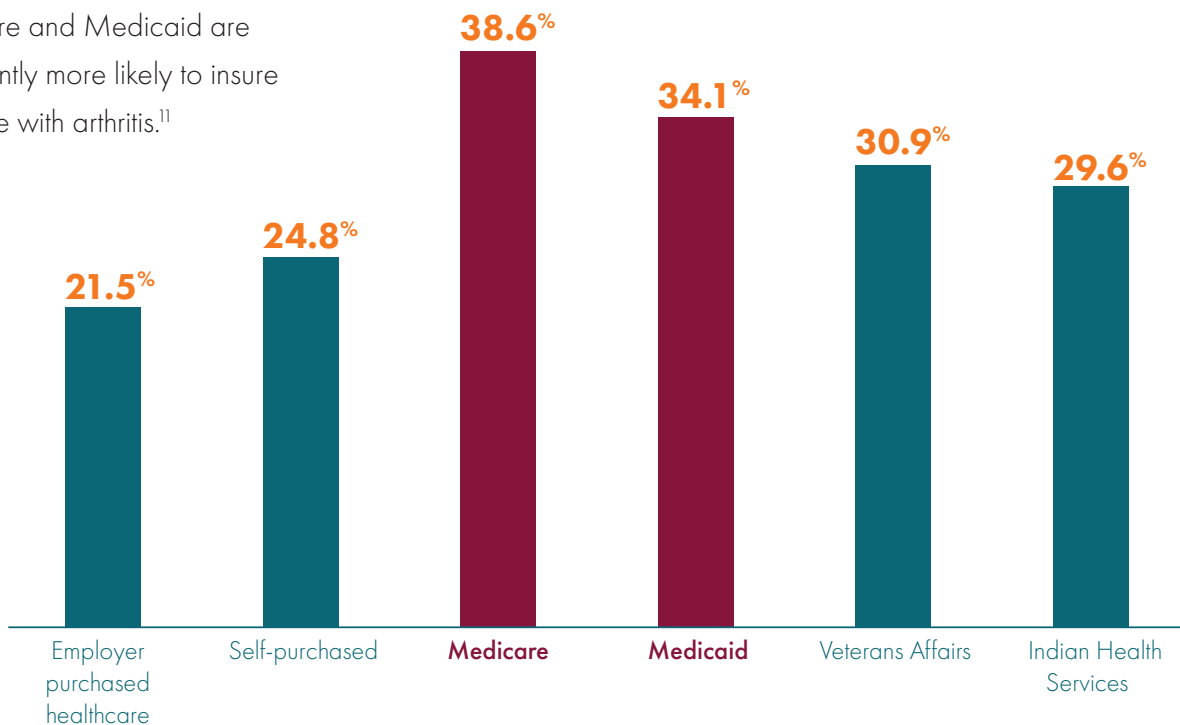
## Arthritis Prevalence

### Groups Most Likely to Have Arthritis



### Arthritis Prevalence By Insurer

Medicare and Medicaid are significantly more likely to insure someone with arthritis.<sup>11</sup>



## Who is likely to have arthritis in Utah?

### AGE

The burden of arthritis is projected to grow as the percentage of older adults grows in the state. More than **50%** of **adults aged 65+** have arthritis.<sup>3</sup>

### SEX

Biology, genetics, and hormones all contribute to increased rates of arthritis for **women (25.9%)** when compared to men (**19.8%**). For example, women are more likely to have ACL injuries, a risk factor for arthritis, due to the shape of their knee bones.<sup>11,26</sup>

### RACE

Although arthritis affects all racial groups, Asians have a significantly lower prevalence of arthritis and **American Indians/Alaska Natives\*** appear to have a higher prevalence of arthritis than the state rate.<sup>27</sup>

### ETHNICITY

Hispanics/Latinos have a significantly lower prevalence of arthritis compared to **non-Hispanic whites (17.0 vs 22.1%)**.<sup>25</sup>

### INCOME

Those with a **lower annual income** are more likely to have arthritis: **28.2%** of those making less than \$25,000 a year have arthritis whereas **18.1%** of those making \$75,000 or more a year have arthritis.<sup>25</sup>

### EDUCATION

Among Utah adults aged 25+, college graduates are significantly less likely to have arthritis (**20.4%**) than those with **less than a college degree (26.0%)**.<sup>25</sup>

### VETERANS

**Veterans** have a significantly higher prevalence of arthritis (**24.5%**) than non-Veterans (**21.7%**).<sup>25</sup>

### INSURER

Utah adults covered by **Medicare or Medicaid** have a significantly higher prevalence of arthritis.<sup>11</sup>

### GEOGRAPHIC AREA

Utah adults living in **rural areas** have a significantly higher prevalence of arthritis (**24.7%**) than those living in Urban areas (**21.0%**).<sup>25</sup>

\*Native Americans/Alaska Natives are often underrepresented and oversampled.

See <https://ibis.health.utah.gov/ibisph-view/topic/Arthritis.html> for regularly updated arthritis prevalence data.

## Impact

# How does arthritis impact an individual?

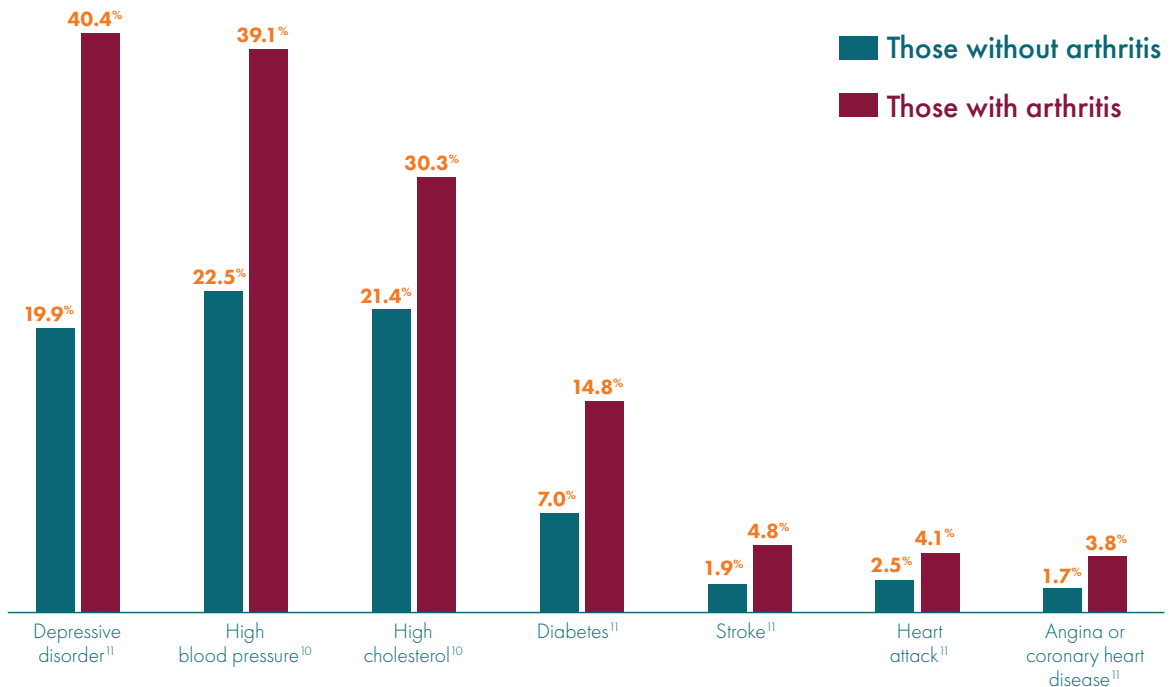
### Significant Impact on Health

*“Arthritis is significant, not just because of its negative impact on function, physical activity, and quality of life, but because it is associated with leading causes of death, such as heart disease and diabetes.”*

**M**ore than half of Utah adults with arthritis (52.0%) are limited in their daily activities because of their joint symptoms, and 43.8% are limited in their social activities.<sup>10</sup> Arthritis is a leading cause of work disability and

affects 36.7% of Utah adults ability to work. Additionally, about one in every five adults (22.7%) with arthritis have severe joint pain due to their arthritis.<sup>10</sup>

Utah adults with arthritis are significantly more likely to have the following conditions when compared to those without arthritis:

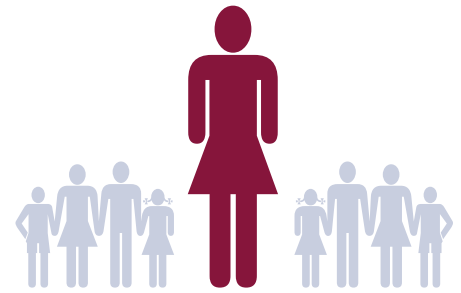




## Additional Impacts

### What about disparities?

Similar to the likelihood of having arthritis, the likelihood of experiencing limitations due to arthritis also varies for different groups of people and according to lifestyle factors. According to BRFSS data, **women**, those with **lower educational attainment**, and **those who have not exercised in the past thirty days** have higher rates of arthritis-attributable limitations.<sup>25</sup>



### What is the financial impact of arthritis in Utah?

There were **12,731** inpatient hospital visits with a primary diagnosis of arthritis in 2018. Of these, **87%** were due to knee and hip replacements. The total inpatient hospital charges for arthritis patients were **\$628,555,268** with an average cost of more than **\$49,000**.<sup>28\*</sup>



Inpatient hospital visits

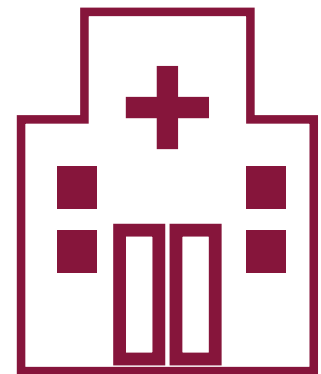
**12,731**

Total charges for arthritis patients

**\$628,555,268**

Average cost per patient over

**\$49,000**



\*Notes:

Data was pulled from the Utah All Payers Claim Database (APCD). This contains pharmacy and medical claims data from health insurance carriers, Medicaid, and third party administrators in Utah. However, it does not cover the entire population. Plans that may be excluded include traditional Medicare, smaller carriers, some self-funded plans, self-pay, and charity care.

The data above includes hospital visits with a primary diagnosis of arthritis using ICD-10 Codes M05, M06, and M15-M19.

The charges shown differ from "costs", "reimbursements", "price", and "payment." Different payers have different arrangements with each hospital for payment. Many factors affect the cost for a hospital stay, including a patient's health insurance, the type of insurance, and the billing procedures at the hospital.

## Next Steps

# So what can you do?

**H** **healthcare providers can** use evidence-based practices to counsel patients to be more physically active and refer patients to educational classes found on [www.LivingWell.utah.gov](http://www.LivingWell.utah.gov).

### Community Leaders

*“Support improvements for more walkable community areas to increase opportunities for physical activity.”*

### Healthcare payers can

- Influence systematic changes to provide incentives for effective arthritis management.
- Identify and refer patients in need of self-management programs.
- Support the ongoing offering of community-based classes by providing funding or reimbursement.

### Adults with arthritis can

- Attend self-management education programs to learn proven actions to deal with pain, fatigue, anxiety, and depression.
- Be physically active (walking, swimming, or biking) to help maintain and improve strength, flexibility, and endurance.
- Adopt healthy eating habits and lose weight, if necessary.
- Take medications as prescribed and check-in regularly with a healthcare provider.

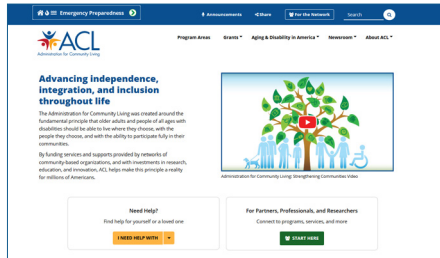
### State officials and community leaders can

- Support improvements for more walkable community areas to increase opportunities for physical activity.
- Provide environmental support, including transportation to evidence-based programs.
- Offer funding stability.
- Improve organizational capacity to deliver or support evidence-based programs.
- Support evaluation.

## Resources

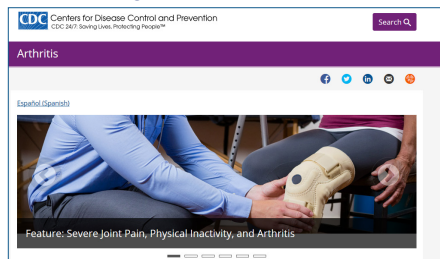
### Administration for Community Living (ACL)

[www.acl.gov](http://www.acl.gov)



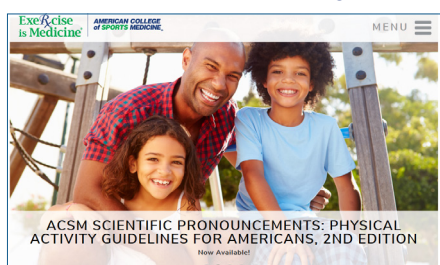
### Centers for Disease Control & Prevention (CDC)

[www.cdc.gov/arthritis](http://www.cdc.gov/arthritis)



### Exercise Is Medicine (ACSM)

[www.exerciseismedicine.org](http://www.exerciseismedicine.org)



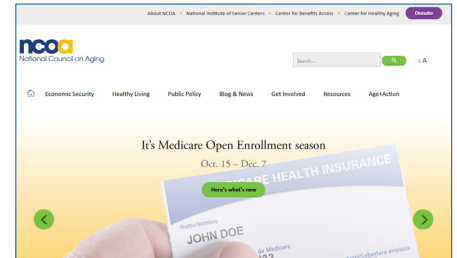
### Living Well (Utah Department of Health)

[www.livingwell.utah.gov](http://www.livingwell.utah.gov)



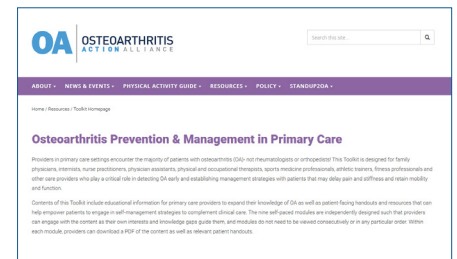
### National Council on Aging (NCOA)

[www.ncoa.org](http://www.ncoa.org)



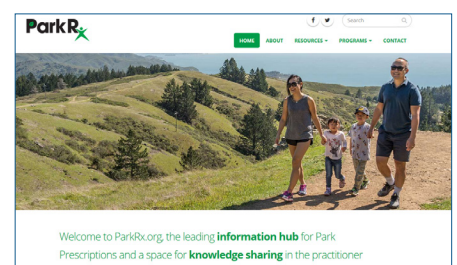
### Osteoarthritis Prevention Toolkit (Osteoarthritis Action Alliance)

<https://www.oacaretools.org>



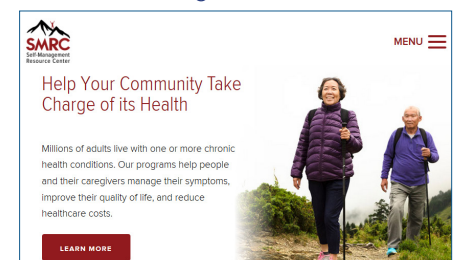
### Park Rx (National Recreation & Parks)

[www.parkrx.org](http://www.parkrx.org)



### Self-Management Resource Center (SMRC)

[www.selfmanagementresource.com](http://www.selfmanagementresource.com)



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